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ABSTRACT

The overall purpose of the national Head Start evaluation is to assess the impact, on the children and parents being served, of: the educational services component of Head Start, and a new demonstration program within Head Start, Basic Educational Skills. The evaluation deals with a total of 65 Head Start programs and their families. These appendices contain: (1) letters and information to the programs from the Administration for Children, Youth and Families, and NTS Research Corp.; (2) the program interview instruments; (3) the Alternative Classroom Environment Scales; (4) the site visitor training agenda; (5) a description of methods used to present the study; (6) the guidelines followed to hire field staff; (7) the site report booklet; and (8) the parent interview instrument. (BW)

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ED210295

NATIONAL EVALUATION OF HEAD START EDUCATIONAL SERVICES AND BASIC EDUCATIONAL SKILLS DEMONSTRATION PROGRAMS

Project Report 9: ~~Volume I~~ Implementation of the Study Design: ~~Issues~~

~~Volume II Implementation of the Study Design: Appendices~~

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APPENDICES

TM 810 939

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APPENDIX A

Letters and Information To The Programs From ACYF and NTS

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Brochures

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Administration for Children, Youth and Families
WASHINGTON, D.C. 20201

January 17, 1978

Margaret Emswiler
1200 Main Tower Building
Dallas, TX 75205

Re: National Evaluation of Head Start Educational Services and Basic Educational Skills Initiative (RFP-1-5-78-1306)

Dear Margaret:

On September 30, 1978, the Administration for Children, Youth and Families contracted with NTS Research Corporation of Durham, North Carolina, to conduct the beginning phases of a long-term national evaluation of Head Start and Basic Educational Skills educational services. Prior studies have indicated that Head Start provides important educational benefits to preschool children and their families; the objectives of this study is to identify the specific ways in which Head Start is successful, so informed policy decisions can be made in the interests of its continued improvement.

In brief, the NTS study plan will involve the selection of 30 representative Head Start programs from across the country. At each of the 30 programs, we have asked NTS to compare two groups of children: those receiving Head Start educational services and those receiving alternative services or no services. The best way to determine the effects of Head Start would be to randomly assign children to these two groups. We would like to explore the possiblity of doing this in as many of the 30 programs as possible, and we will be talking with you and program staff about this in the near future. The enclosed summary will explain the study in further detail.

Regional lists of Head Start programs that would qualify as representatives of the national organization are now being compiled, and once the list for your region is completed, we will be contacting you. Until then, if you have any questions about the purposes or plans for the implementation of this study, please do not hesitate to call me or the Project Director, Judy McNeil (at 800-334-0077).

Very truly yours,

ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES

Dennis Deloria

Dennis Deloria, Project Officer

Enclosure: Study Description

February 2, 1979

LETTER #2 FROM NTS TO ACYF REGIONAL DIRECTORS INFORMING THEM OF SPECIFIC SITES IN THEIR REGION WHICH HAVE BEEN SELECTED FOR THE STUDY.

Ms. Mary Lewis, BES Region IX
Federal Office Building
50 United Nations Plaza, Room 1
San Francisco, CA

Re: National Evaluation of Head Start Education Services and Basic Educational Skills Initiative (RFP-1-5-78-1306)

Dear Ms. Lewis:

As you know, NTS Research Corporation, under the direction of the Administration for Children, Youth, and Families is conducting the beginning phases of a long-term national evaluation of Head Start educational services. To implement this study at the local level, it is necessary for us to select several programs from each region. Based on statistical analysis of program information 3 program(s) in Region 9 have been selected which we plan to include in the evaluation.

Would you please review the attached list of proposed programs at your earliest opportunity? We will be calling you after January 25, 1979 to learn more about these programs. We would appreciate your help in notifying these programs of their selection. For your convenience a draft letter is enclosed that you may want to use as a model for alerting the selected programs that a member of the NTS project team will be contacting them with information about the study. By forwarding copies of those notification letters to us, we will know that the selected programs have been contacted by your office and that the orientation materials we send them will not catch anyone by surprise.

By February 16, 1979, NTS plans to contact the program directors by telephone for an appointment to visit the program. The purpose of this visit is to answer questions and collect some preliminary observational data. Assuming the site-visitor is able to address all concerns satisfactorily during that visit, formal consent to participate will be asked of the program director.

Thank you for your cooperation.

Sincerely,

Judy McNeil
Project Director

JMcN/tcg

Enclosures List of programs
Form Letter

OCR 7

SAMPLE LETTER FROM REGIONAL REPRESENTATIVE

February 14, 1979

Dear

On September 30, 1978, the Administration for Children, Youth and Families contracted with NTS Research Corporation of Durham, North Carolina, to conduct the beginning phases of a long-term national evaluation of Head Start and Basic Educational Skills educational services. The main objective of this study is to identify the specific ways in which Head Start is successful, so that policy decisions can be made in the interests of the program's continued improvement.

According to the study design, all the Basic Educational Skills programs will be included in the study. In addition, 30 regular Head Start programs will be selected to represent Head Start nationwide. By a combination of statistical sampling and careful program-by-program comparison, it has been found that your program can serve as one of the 30.

The NTS Research Corporation will be contacting you in the very near future, therefore, with an information kit about the study. Shortly after you receive those materials, an NTS staff member will follow up by telephone to answer your questions and to arrange a visit to your program.

We hope that you will appreciate the importance to the development of our local programs as well as to the continued improvement of Head Start nationwide.

Very truly yours,

ADMINISTRATION FOR CHILDREN
YOUTH AND FAMILIES, REGION II

Regional Representative

Letter #3, From NTS to Head Start Executive Directors Informing Them of Selection For the Study.

February 21, 1979

Mr. Leo Manley, Board Chairman
Opportunity Corporation of Madison-
Buncombe Counties
50 Westgate Parkway
Asheville, NC 28806

Dear Mr. Manley:

On September 30, 1978, the Administration for Children, Youth and Families contracted with NTS Research Corporation of Durham, North Carolina, to conduct the beginning phases of a long-term national evaluation of Head Start and Basic Educational Skills educational services. The main objective of this study is to identify the specific ways in which Head Start is successful, so that policy decisions can be made in the interest of the program's continued improvement. A summary of the study is included for your information.

We are pleased to inform you that your Head Start program has been selected for a nationwide study of the educational services of Head Start. Your program, along with 29 others, will represent all Head Start programs across the country. We at NTS are looking forward to working with you on this study.

In a few days, one of us on the NTS study team will call you to answer any questions you may now have. We would also like to arrange an appointment to visit your program. If you wish to contact me before that time, I can be reached at our toll-free number, 800-334-0077. You may also call Dennis Deloria, Chief of the evaluation branch in the national office of ACYF. He can be reached at 202-755-7750. We look forward to meeting with you so that you can learn more about us and we can learn more about you and your program.

Very truly yours,

Judy McNeil

Judy McNeil
Project Director

JMcN:clr

Enclosure: Study Summary

cc: Miss Jean Boyd, Head Start Director
Mr. Pat Doyle, Regional Contact
Policy Council Chairperson

LETTER #4 FROM NTS TO BES COORDINATORS

January 19, 1979

Mr. Ronald Noon
540 Fifth Avenue
Huntington, West Virginia 25701

Dear Mr. Noon:

As we discussed during our conference in Denver last October, members of our NTS project team would like to visit your program for several days to gather preliminary data, as well as to further describe the study to your staff and to answer questions. That visit has been scheduled tentatively for April 30 through May 4, 1979, or, if you prefer, May 7 through 11.

If neither of those two dates are convenient, please call Linda Bailey toll free at 800-334-0078 as soon as possible to arrange an alternative schedule. We will be calling you in a few days to confirm our visit.

Until then, we hope you'll find the enclosed orientation materials useful and informative.

Thank you for your cooperation. We look forward to seeing you at the BES meeting later this month.

Very truly yours,

NTS RESEARCH CORPORATION

Judy McNeil

Judy McNeil, Project Director
Head Start

JMcN/lkb
cc: Mary Jane Bevins
Joan E. Ross
Paul Vicinanza

NATIONAL EVALUATION OF HEAD START EDUCATIONAL SERVICES AND BASIC EDUCATIONAL SKILLS DEMONSTRATION PROGRAM: A SUMMARY

What is the purpose of this study?

Our purpose is to discover more about how Head Start programs are different from each other in the ways they help children learn. From this we hope to find out if some ways of serving children and their parents seem to be consistently better than others, in order to help programs improve Head Start Services. Although we will look closely at the educational activities which programs have for children, we also intend to find out more about ways parents and community people are involved, about health services and about many other activities of Head Start.

How many programs will be part of the evaluation?

There are 30 regular Head Start programs which have been chosen to represent Head Start nationwide, and 17 Basic Educational Skills programs (part of a Head Start demonstration project) in the study. The evaluation will involve about 3,000 Head Start families.

Who is conducting the study?

NTS Research Corporation of Durham, North Carolina (toll free number, 800-334-007) is conducting the study for the Administration for Children, Youth and Families, an agency of the Department of Health, Education and Welfare, Washington, D.C.. Our project director at NTS is Dr. Judy McNeil.

What are the major evaluation activities and when will they occur?

We will collect the study information in two cycles. The first cycle is planned for the Spring of 1979. During this time we will talk with program staff about their activities. We will be spending some time in classrooms in order to see what your teachers and children do during the Head Start day. In addition, we will interview a small number of Head Start teachers.

Cycle two will begin in the Fall of 1979. At this time, we will ask parents to provide background information about themselves and to answer such questions as "How did you find out about the program?" and "What kinds of Head Start activities have you participated in?" We will ask teachers about what they do in their classrooms. We will also give a group of children some tests to look at how well children are learning.

Who will collect the information?

During the first cycle, the information will be collected by NTS staff members who will be visiting the programs. In cycle two, people from your local community will be hired and trained by NTS personnel to interview parents and teachers and to test children.

How much extra work will this mean for the programs?

Very little. Nearly all of the work will be done by persons hired by NTS. We do not expect any special record-keeping by you, except for maintaining a list of the families participating in the study and allowing us access to your attendance records. Your main involvement will be to answer questions in interview sessions.

Do you have any other questions?

If so, please call Dr. Judy McNeil, Project Director, at 800-334-0077. And if other questions arise as study progresses, an additional person will be available to provide liaison for you with the study team. Or, you can call Dennis Deloria, Project Officer for the Administration for Children, Youth and Families, at (202) 755-7750; or write to him: P.O. Box 1182, Washington, D.C. 20013.

January 1979

NTS Research Corporation
2634 Chapel Hill Blvd.
Durham, North Carolina 27707
(919) 493-3451 or (800) 334-0077
Dr. Judy McNeil, Project Director

TELEPHONE CALL TO INDIVIDUAL PROGRAMS (#1)

REGION_____

PROGRAM_____

DIRECTOR: _____

PERSON BEING INTERVIEWED: _____
Title

TELEPHONE NUMBER_____

PROCEDURES:

_____Introduce yourself

_____Ask if they have received a letter from NTS

_____Explain study--what is in the 2 page study summary

_____Give them choice of dates for visit
1._____

2._____

_____Get their choice, record it

_____Discuss site visit schedule--tell them that we will be hiring a part-time person to help with the evaluation. Ask them to consider possible candidates
a. meetings (use sample schedule)
b. Observations
c. Interview

_____Names of papers in their community (Include minority papers)

_____

_____

_____

_____Tell them the site visitor will be calling to confirm

_____ Number of centers in program

_____Number of 4-year-olds in program

_____Number of 4-year-old classrooms

_____Part day (less than 4 hours)

_____Full day (4 hours or more)

_____Split day (full day, but different children in afternoon)

_____Days of week in session and hours of session:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

_____If this is a small town, get names of hotels

_____

_____

_____Also, get directions to the town, via plane, e.g. which is the nearest airport, how to get from the airport to the town in which program is located: _____

COMMENTS: _____

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Administration for Children, Youth and Families
WASHINGTON, D.C. 20201

June 6, 1979

Mr. Leo Manley, Board Chairman
Opportunity Corporation of Madison-Buncombe Counties
50 Westgate Parkway
Asheville, NC 28806

Dear Mr. Manley:

Thank you for the assistance you gave Susan Rosenthal from NTS Research Corporation in her recent visit to your Head Start Program. We appreciate the information NTS has received from talking with you and the program staff and from the classroom observations. This valuable information is already helping us to build a better picture of Head Start educational services across the country.

As you have learned from NTS, we would like to continue this evaluation effort in your Head Start program during the coming Head Start year (1979-80). A key aspect of this evaluation is the random assignment of children to the program. We are asking you to participate in this evaluation plan to select children randomly for the program, from the group of eligible children who apply. Selecting children randomly means by lottery, so that each eligible child would have an equal chance of being selected. The NTS staff member has discussed the details of this procedure with you and the program staff; and if you have further questions, I urge you to call the NTS Project Director, Dr. Judy McNeil (800-334-0077) or Dennis Deloria at ACYF (202-755-7750).

The random selection procedure (deciding by lottery who will and will not be in the program) will greatly enhance the usefulness of this nation-wide evaluation of the educational services of Head Start. This procedure is also being successfully used in the evaluations of Head Start Health Services and of the CFRP Demonstration Programs. We believe it will make the results of these evaluations stronger and more relevant to policy formation and for reporting to Congress.

As I am sure you are aware, the eligibility requirements for Head Start, restated in the Federal Register of April 7, 1978, contain a section that we need to waive temporarily so that your program will be able to participate in the random selection of children. "Section 1305.4 requires that at least 90% of the children served by each Head Start program be from families with incomes below the OMB poverty line, and that, if more eligible low-income children apply than a program can accomodate, preference be given to the children from the lowest income families."

During the period of this evaluation (from May 1979 through May 1982) and only for programs in the evaluation, the national office of ACYF is hereby waiving the "lowest-income families first" rule, in favor of random selection, and we are also asking that you cooperate with the evaluation contractor (NTS Research Corporation) in performing the random assignment procedure as follows:

> When a child first applies for Head Start services, the child will be included in the random assignment for that year. If she/he is selected, by lottery, to be in Head Start, then she/he will be eligible to remain in Head Start until she/he reaches the age of compulsory school attendance. If she/he is not selected for Head Start (by lottery), then she/he will not be in Head Start that year or later, but will be eligible to receive Head Start Dental Services in return for participation in this study.

Your program will have an opportunity to specify a small number of categories which describe children who must be admitted without regard to random selection (for example, you may wish to admit all children diagnosed as handicapped).

This matter will, of course, need to come before the program's Policy Council. As stated in Transmittal Notice 70.2 (Appendix B to the Head Start Program Performance Standards, 1975), the Policy Council is responsible for setting the criteria for selection of children into Head Start. We are asking your Policy Council to suspend existing selection criteria in favor of random selection for participating centers and classrooms for the period of this study (May 1979 through May 1982).

The random selection procedure was initiated for this evaluation by our offices, the Head Start Bureau and the Evaluation Branch of ACYF. The basis for this action is the agency's belief that results of the evaluation will benefit all of Head Start. You are one of 30 Head Start programs which are participating in this evaluation; we hope that you will give NTS your fullest cooperation in this effort.

Sincerely,

James L. Robinson
Associate Director
Head Start Bureau

Dennis J. Deloria
Chief, Evaluation Branch
Administration for Children, Youth
and Families

JLR/DJD:jmc

cc: Policy Council Chairperson
Jean Boyd, Head Start Director
John L. Jordan, Region 4
Pat Doyle, Region 4

nts RESEARCH CORPORATION
2634 Chapel Hill Blvd.
Durham, North Carolina
(919) 493-3451 27707

June 29, 1979

Mr. Harvey Johnson
Southeastern Tidewater Opportunity Project
P. O. Box 1078
Norfolk, VA 23517

Dear Mr. Johnson:

This letter is in regard to the letter you received recently from Jim Robinson and Dennis Deloria, both of whom are in the national office of ACYF. Two problems with the letter have emerged, and we need your help to clarify things for all the people who got copies of the letter to you.

First, while both Jim Robinson and Dennis Deloria both signed all the letters before copies were made, their signatures did not always show on the copies. If this occurred in the copies received by other staff in your program, would you please assure them that your original copy of the letter is signed? Mr. Robinson has received several calls, and although he is happy to assure the callers about his signature, he is hoping the calls won't remain necessary.

Second, there is confusion in some programs about exactly what requirements ACYF is waiving. Mr. Robinson has asked me to explain the following areas of concern to you. 1) The letter does not waive the requirement that at least 90% of the children served by a Head Start program must meet eligibility guidelines. 2) You are not being asked to serve fewer children than you are funded for. 3) The letter does exempt your program from using any decision rule other than random selection for selecting eligible children into your program if more eligible children apply than you can serve.

If you need further clarification on these issues or if you have other questions, please feel free to call your Regional Field Director or me at NTS (800-334-0077), or to call Mr. Deloria (202-755-7750) or Mr. Robinson (202-755-7782).

Sincerely,

Judy McNeil

Judy McNeil
Project Director

JMcN:jmc

cc: Jim Robinson, ACYF
Dennis Deloria, ACYF
Policy Council Chairperson
Ms. Clara O. Paige, Head Start Director
Mr. Fred Digby, Region 3
Mr. Paul Vincinanza, Region 3

1440 E. First St., 4th Floor, Santa Ana, CA. 92701
(714) 547-6801

April 3, 1979

4-9-79

Ms. Blandina Cardenas Ramirez
Commissioner, Administration for
Children, Youth and Families
Department of Health, Education
and Welfare
Washington, D.C. 20201

Dear Dr. Ramirez:

Orange County Head Start is one of the sites selected by NTS Research Corporation for evaluation purposes. We have no objection to being evaluated. In fact we realize that they are needed in order to conduct an adequate program. We look at evaluations as useful tools to help us.

The evaluation that NTS is about to initiate has grave concerns, and someone should look at what they propose to do. Allow me to list some of my concerns:

1. Sixty children in Head Start are to be evaluated. Another sixty children outside of Head Start will also undergo evaluation. The second sixty childrens' parents must sign a statement that even though they are eligible to participate they will refrain from enrolling the children. In return dental services will be provided. This is a violation of the Performance Standards (pp 55 Social Services, 1304.4-1 (a), (b)).

2. Why would sixty parents whose children are not enrolled in the program allow someone to evaluate their children to determine how backward they are, due to a parent willing to hold back a much needed program for his or her child.

3. Regarding the reward of dental services for children. NTS has set aside $4,200 to cover services to sixty children. If NTS is making promises of dental services, they should have more money and they should never state they represent Head Start. It has taken a long time to build credibility and to have some politically approved grant destroy it is a major concern.

4. NTS is suggesting Head Start recruit the children and they (NTS) pull names out of a hat to determine who is to be enrolled. Another violation! Where are the priorities for enrollment. This also violates the privacy act on confidentiality of records.

An Equal Employment Opportunity – Affirmative Action Employer

5. Maintaining sixty children, Head Start eligible, outside the program will create attendance problems since the dropout rate is so high.

6. When asking about the kind of test to be used, the response was that presently they have not decided. How can ACYF approve a grant for evaluation without knowledge of the type of tool to be used.

7. Parents will not receive results of the tests; an inconsistency with present methods.

These seven concerns listed create an atmosphere of suspicion and unreliability pertaining to the ability of the corporation to undertake this project.

Your investigation into the type of tool proposed by NTS is most essential if you expect valid results, and the maintenance of Head Start integrity.

Sincerely,

Marco T. Pena
Child Development Director

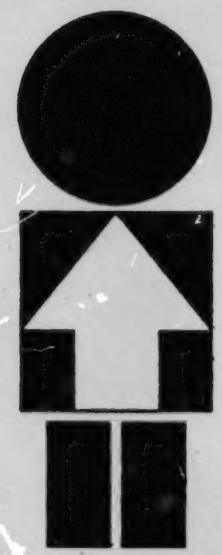
cc: Edward B. Velasquez

The National Evaluation of

HEAD START

Educational Services &

Basic Educational Skills



Please help us to serve your children better.

A-17

Contracted by: NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707
Project Director: Dr. Judy McNeil

Sponsored by: Department of Health, Education and Welfare
Office of Human Development Services
Administration for Children, Youth and Families
P.O. Box 1182
Washington, D.C. 20201

ASG01

Dear Parents,

The preschool years are important years in the life of a child. From the time a child is born until he or she enters elementary school, his or her life is full of experiences. Your child's life is already being shaped by his or her experiences. Your home and family life, friendships, relatives, day care or preschool activities all helped to make your child the individual that he or she is today. The experiences that preschool children have may take many different forms. Some children stay at home, some may enter a small play group or a larger day care center, and some children may enter a preschool. All of these experiences will play a big part in how your child will grow and change.

A study is being done about these different kinds of preschool and school experiences. With your help and with the help of other parents like you all across the country, we hope to find out which programs work best for different children.

We would like to explain the study to you, and then ask you to sign a consent form agreeing to help us.

Here are some questions and answers that will tell you about the study.

Who is doing the study?

The Administration for Children, Youth and Families, the agency in charge of the Head Start program in Washington has contracted with NTS Research Corporation to conduct this study. ACYF is part of the Department of Health, Education and Welfare.

Why were you selected?

As you know, there were more children who applied to the Head Start program this year than could be served by the program. Because of this, not all of the children who applied could receive the full comprehensive services offered through Head Start. Your child was one of the many children placed on the waiting list.

The major purpose of this study being conducted for the ACYF is to look at the experiences of children, whether the children are enrolled in Head Start or not. Because ACYF is not interested in just Head Start children, some children were selected by lottery from the waiting list to be asked to participate in this study. Your child was one of the children selected. If you volunteer

to help with this study, your Head Start program will provide dental services for your child this school year to the extent allowed by the funds available. In addition, you will receive a payment of up to twenty dollars for your participation. If you decide not to participate, your child will be placed back onto the waiting list.

How will you be helping on the study?

You will be helping us by answering some questions about yourself, your child's development, and by giving us your permission to ask your child some questions and to look at his/her preschool or Head Start records. The permission form is enclosed in this booklet.

Who will be talking with you?

A person from the community will meet with you. In the fall your child will be asked to answer questions and to do some simple activities. In the spring an interviewer will talk to you about Head Start. You will be asked some questions about yourself, your child's development, and how you feel about the Head Start program. In the spring

your child will again be asked to answer questions and to do some simple activities. You will receive a total of $20 for your participation in the study.

When and where will you meet with us?

We will need to meet with your child once in the fall and once in the spring. We will also need to meet with parents once during the year. Each meeting will take about an hour. The interviewer will get in touch with you to make an appointment at a time that is good for you. The meeting will be someplace near your home, possibly in the Head Start center or a community center.

Will your name be kept a secret?

Yes. Only your answers will be used and your name will not be on the answer pages. Also, everything you say will be strictly confidential. No one else will know your answers except authorized persons. You will be given a chance to ask questions at any time during the study.

What if you sign the consent form and then change your mind?

You will be free to stop helping in the study at any time. It will not affect your eligibility for any government assistance or program if you choose to stop. But we want to remind you that only with your help, and the help of many other parents like you, can we find out how to help Head Start serve children and families better.

Please sign the enclosed permission form.

Thank you for your help.

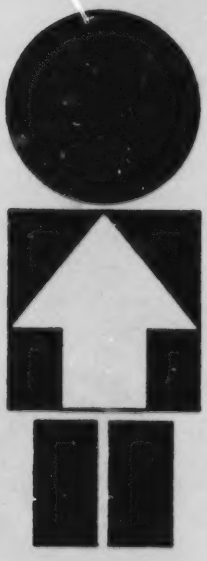
ASG0

The National Evaluation of

HEAD START

Educational Services &

Basic Educational Skills



Please help us to serve your children better.

A-18

Contracted by: NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707
Project Director: Dr. Judy McNeil

Sponsored by: Department of Health, Education and Welfare
Office of Human Development Services
Administration for Children, Youth and Families
P.O. Box 1182
Washington, D.C. 20201

Dear Parents,

The preschool years are important years in the life of a child. From the time a child is born until he or she enters elementary school, his or her life is full of experiences. Your child's life is already being shaped by his or her experiences. Your home and family life, friendships, relatives, day care or preschool activities all helped to make your child the individual that he or she is today. The experiences that preschool children have take many different forms. Some children stay at home, some may enter a small play group or a larger day care center, and some children may enter a preschool. All of these experiences will play a big part in how your child will grow and change.

A study is being done about these different kinds of preschool and school experiences. With your help and the help of other parents like you all across the country, we hope to find out which programs work best for different children.

We would like to explain the study to you, and then ask you to sign a consent form agreeing to help us.

HS01

Here are some questions and answers that will tell you about the study.

Who is doing the study?

A company in Durham, North Carolina, called NTS Research Corporation is doing the study for the Administration for Children, Youth and Families (ACYF), the agency in charge of the Head Start program in Washington. ACYF is part of the Department of Health, Education and Welfare.

How will you be helping on the study?

You will be helping us by answering some questions about your involvement with the program, and by giving us your permission to ask your child some questions and to look at his/her preschool Head Start records. The permission form is enclosed in this booklet.

Who will be talking with you?

A person from the community will meet with you. In the fall your child will be asked to answer

questions and to do some simple activities. In the spring an interviewer will talk to you about Head Start. You will be asked some questions about yourself, your child's development, and how you feel about the Head Start program. In the spring your child will again be asked to answer questions and to do some simple activities. You will receive a total of $20 for your participation in the study.

When and where will you meet with us?

We will need to meet with your child once in the fall and once in the spring. We will also need to meet with parents once during the year. Each meeting will take about an hour. The interviewer will get in touch with you to make an appointment at a time that is good for you. The meeting will be someplace near your home, possibly in the Head Start center or in a community center.

Will your name be kept a secret?

Yes. Only your answers will be used and your name will not be on the answer pages. Also, everything you say will be strictly confidential. No

HS

one else will know your answers except authorized persons. You will be given a chance to ask questions at any time during the study.

What if you sign the consent form and then change your mind?

You will be free to stop helping in the study at any time. It will not affect your eligibility for any government assistance or program if you choose to stop. But we want to remind you that only with your help, and the help of many other parents like you, can we find out how to help Head Start serve children and families better.

Please sign the enclosed permission form.

Thank you for your help.

HS01

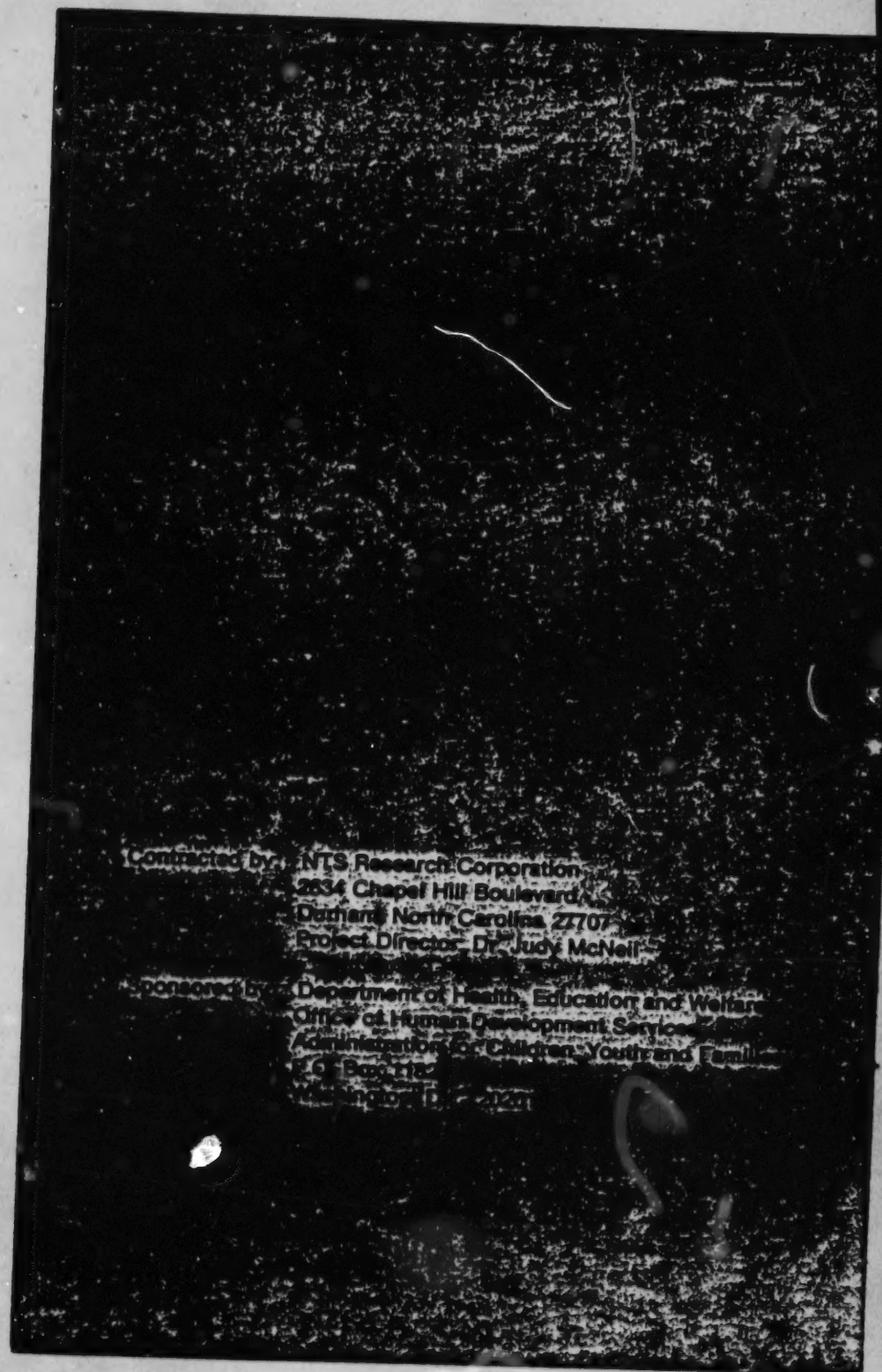
The National Evaluation of

HEAD START

Educational Services & Basic Educational Skills

Please help us to serve your children better.

A-19


Contracted by:
NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707
Project Director: Dr. Judy McNeil
Sponsored by:
Department of Health, Education and Welfare
Office of Human Development Services
Administration for Children, Youth and Family
P.O. Box 1182
Washington, D.C. 20201

Dear Parents:

You are always important in every Head Start program. To serve children best, Head Start programs serve the whole family. Now we are asking for your family's special cooperation in a study about Head Start.

The program your child is in is part of a special Head Start project called Basic Educational Skills. This study is being done to find out about the different methods used by Basic Educational Skills programs to serve children and their families. With your help and with the help of other parents like you all across the country, we hope to find out which programs work best for different children. The things we learn will help Head Start to provide the best possible services to children and families.

Here are some questions and answers that will tell you about the study. We'd like you to understand the study before you decide to sign the consent form.

Who is doing the study?

A company in Durham, North Carolina, called RTI Research Corporation, is doing the study for the Administration for Children, Youth and Families (ACYF), the agency in charge of the Head Start program in Washington. ACYF is part of the Department of Health, Education and Welfare.

How will you be helping on the study?

You will be helping us by answering some questions about your involvement in the program and by giving us your permission to ask your child some questions and to look at his/her preschool or Head Start records. The permission form is enclosed in this booklet.

Who will be talking with you?

A trained adult will meet with you. In the fall you and your child will be asked to answer questions and to do some simple activities. In the spring an interviewer will talk to you about Head Start. You will be asked some questions about yourself, your child's development and how you feel about [illegible]

Basic Educational Skills program. In the spring your child will again be asked to answer questions and to do some simple activities. You will receive a total of $20 for your participation in the study.

When and where will you meet with us?

We will need to meet with your child once in the fall and once in the spring. We will also need to meet with parents once during the year. Each meeting will take about an hour. The interviewer will get in touch with you to make an appointment at a time that is good for you. The meeting will be someplace near your home, possibly in the Head Start center or a community center.

Will your name be kept a secret?

Yes. Only your answers will be used, and your name will not be on the answer pages. Also, everything you say will be strictly confidential. No one will know your answers except another [illegible]. You will be given a chance to [illegible] at the end of the study.

What if you sign the consent form and later change your mind?

You will be free to stop helping in the study at any time if you choose to stop. It will not affect your eligibility for any government assistance or programs. But we want to remind you that only with your help, and the help of many other parents like you, can we find out how to help Head Start serve children and families better.

Please sign our enclosed permission form.

Thank you for your help.

APPENDIX B

Interview Instruments

Program Description Interview
Center Description Interview
Teacher Interview

PROGRAM DESCRIPTION INTERVIEW

SPRING 1979

FORM #	HS(1) BES(2)	SITE #
☐	☐	☐

INTERVIEWER NAME _____

DATE OF INTERVIEW ___/___/___
MO. DAY YR.

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES IN WASHINGTON D.C. — THE NEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT 47 HEAD START PROGRAMS ACROSS THE COUNTRY. WE WILL BE SPEAKING WITH

- PROGRAM DIRECTORS
- CENTER DIRECTORS AND
- TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOUR PROGRAM.

BEFORE I START THE INTERVIEW I NEED FOR YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTANCE IN THIS STUDY.

PROGRAM STAFF CONSULTANT FORM
HEAD START/BASIC EDUCATIONAL SKILLS STUDY

NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707

Consultant's Name (print)_____
Position _____
Address _____
_____
Telephone _____
Social Security Number_____

I agree to serve as a consultant to NTS Research Corporation on the development of interviews to be used in a study of Head Start/Basic Educational Skills programs.

I agree to be interviewed with a pilot version of either the Program Director Interview, Center Director Interview, or the Teacher Interview. I understand that my answers to the interview questions will help NTS improve the interview before it is used in the Head Start/Basic Educational Skills study as well as collect initial program information.

I have been told that the information from the interview with me will be confidential. Only authorized people will be allowed to see any of the interview records.

I will receive $10 for serving as a consultant to NTS Research Corporation.

_____ _____
Date Signature of Consultant

The consultant has responded to the (check one) _____ Program Director Interview, _____ Center Director Interview, or _____ Teacher Interview and will receive $10 from NTS Research Corporation.

_____ _____
Date Signature of Authorized NTS Employee

TIME STARTED _____ AM / PM

SECTION I. PROGRAM BACKGROUND DATA.

PROGRAM NAME _____

ADDRESS _____
STREET NUMBER STREET NAME

_____
CITY STATE ZIP

PHONE NUMBER (_____) _____
AREA CODE TELEPHONE # EXTENSION

PROGRAM DIRECTOR
OR RESPONDENT _____
TITLE (DR., MS., MR., ETC.)

_____
FIRST NAME MI LAST NAME

PROGRAM DESCRIPTION INTERVIEW

THIS IS BACKGROUND INFORMATION WE HAVE COLLECTED FROM YOUR MOST RECENT PROGRAM INFORMATION REPORT (P.I.R.). WOULD YOU GLANCE AT IT AND TELL ME IF THIS INFORMATION IS STILL ACCURATE?

1. TYPE OF DELEGATE AGENCY: (PIR-4)

CITY	01
LOCAL COMMUNITY ACTION AGENCY	02
SCHOOL SYSTEM	03
INSTITUTE OF HIGHER LEARNING (COLLEGE, UNIVERSITY)	04
PRIVATE NON-PROFIT ORGANIZATION	05
OTHER *(SPECIFY)*_____	06

2. AREA SERVED: (PIR-4)

CITY	01
COUNTY	02
CITY/COUNTY	03
MULTI-COUNTY	04

3. TYPE OF PROGRAMS OFFERED: (PIR-5)

PART DAY	01
FULL DAY	02

4. STAFF:
ETHNICITY
(ENTER TOTAL NUMBER IF 0 ENTER 0)
(PIR-8)

	TOTAL
WHITE	_____
BLACK	_____
HISPANIC	_____
ASIAN/PACIFIC ISLANDER	_____
AMERICAN INDIAN/NATIVE ALASKAN	_____
OTHER *(SPECIFY)*	
1. _____	_____
2. _____	_____
3. _____	_____
TOTAL NUMBER OF CYF PAID STAFF	_____

5. HOW MANY ON YOUR STAFF ARE: *(IF 0 ENTER 0)* (PIR-9)

	TOTAL
CDA CREDENTIALED.	____
WITH B.A. IN EARLY CHILDHOOD. . .	____
HEAD START PARENTS.	____
VOLUNTEERS.	____

6. DELETE BUDGET AMOUNT OF CYF FUNDING FOR PRESENT PROGRAM YEAR.

$_____.

7. FULL DAY PROGRAMS *(If 0 enter 0.)* (PIR-14)

	TOTAL
TOTAL NUMBER OF CENTERS OPERATED.	____
TOTAL NUMBER OF CLASSROOMS.	____
TOTAL NUMBER OF DAYS OF OPERATION	____
TOTAL NUMBER OF HOURS OF CLASSROOM OPERATION.	____

8. PART DAY PROGRAMS *(If 0 enter 0.)*

	TOTAL
TOTAL NUMBER OF CENTERS OPERATED.	____
TOTAL NUMBER OF CLASSROOMS.	____
TOTAL NUMBER OF DAYS OF OPERATION:	
STANDARD H.S. MODEL.	____
VARIATION IN ATTENDANCE.	____
DOUBLE SESSION	____
HOME BASED	____
LOCALLY DESIGNED OPTIONS	____
TOTAL NUMBER OF HOURS OF CLASSROOM OPERATION.	____

9. ENROLLMENT *(ENTER TOTAL NUMBER IF 0 ENTER 0)* (PIR-15)

	TOTAL
PLANNED ENROLLMENT.	____
ACTUAL ENROLLMENT	____
TOTAL NUMBER ABOVE POVERTY LEVEL	____
TOTAL NUMBER BELOW POVERTY LEVEL	____
TOTAL NUMBER OF DROP-OUTS	____

10. ETHNIC COMPOSITION OF CHILDREN SERVED:
(ENTER TOTAL NUMBER IF 0 ENTER 0)
(PIR-15 B3)

	TOTAL
WHITE	____
BLACK	____
HISPANIC.	____
ASIAN/PACIFIC ISLANDER.	____
AMERICAN INDIAN/ALASKAN NATIVE. .	____
OTHER *(SPECIFY)*	
1. _____ . .	____
2. _____ . .	____

11. AGE COMPOSITION: NUMBER OF
(IF 0 ENTER 0)
(PIR-15 B4)

	TOTAL
3 YEAR OLDS AND YOUNGER	____
4 YEAR OLDS	____
5 YEAR OLDS	____
6 YEAR OLDS	____

SECTION III: Staffing and Center Data

12. IN ADDITION TO THIS INFORMATION WE HAVE ACQUIRED FROM THE P.I.R., THERE ARE A FEW MORE QUESTIONS WE WOULD LIKE TO ASK ABOUT YOUR PROGRAM.

WOULD YOU PLEASE COMPLETE THE CHART ON THE NEXT PAGE FOR ALL KEY STAFF WHO REPORT TO THE PROGRAM DIRECTOR RATHER THAN TO A CENTER DIRECTOR. (I.E., IF A STAFF MEMBER IS RESPONSIBLE TO THE PROGRAM RATHER THAN TO A PARTICULAR CENTER.)

PLEASE BEGIN THE CHART WITH THE PROGRAM DIRECTOR.

EMPLOYMENT STATUS. . .*CIRCLE APPROPRIATE CODE*

ETHNICITY. . . . . .*CIRCLE APPROPRIATE CODE*

WHITE, NOT OF HISPANIC ORIGIN.W
BLACK, NOT OF HISPANIC ORIGIN.B
HISPANIC . . . . . .H
PACIFIC ISLANDER . . . . . .PI
AMERICAN INDIAN. . . . . .AI
OTHER. . . . . .O

DEGREE . . . . . .*CIRCLE APPROPRIATE CODE*

LESS THAN HIGH SCHOOL. . . . LH
HIGH SCHOOL. . . . . HS
ASSOCIATE DEGREE (2 YRS.). . AD
BACHELORS DEGREE (4 YRS.). . BA
MASTERS DEGREE . . . . . MA
PHD. . . . . PH

SUBJECT-MAJOR. . . . .WRITTEN ENTRY

B-10

CDA STATUS. . . . . .*CIRCLE APPROPRIATE CODE*

LENGTH OF TIME IN
THIS POSITION . . . .ENTER YEARS AND MONTHS

PHYSICAL LOCATION
OF OFFICE . . . . . .*CIRCLE APPROPRIATE CODE*

DELEGATE/PROGRAM OFFICE. . . .
CENTER OFFICE. . . . . .
OTHER OFFICE . . . . . .

LANGUAGE SPOKEN OTHER
THAN ENGLISH. . . . .*CIRCLE ALL THAT APPLY*

SPANISH. . . . . .
AMERICAN INDIAN. . . . . .
ASIAN. . . . . .
EUROPEAN . . . . . .
OTHER. . . . . .

(PRINT) Name	(PRINT) Title	Employment Status Circle One				Personal Info		Education		CDA Status		length of time in this position	physical location of office
		full time	part time	volunteer	CETA/WIN	ethnicity	sex	highest degree	subject/ major	attained	currently enrolled		
1.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
2.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
3.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
4.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
5.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
6.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
7.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
8.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
9.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
10.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O

B-11

	(PRINT) Name	(PRINT) Title	Employment Status *Circle One*				Personal Info		Education		CDA Status		length of time in this position	physical location of office
			full time	part time	volunteer	CETA/VIN	ethnicity	sex	highest degree	subject/ major	attained	currently enrolled		
11.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
12.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
13.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
14.			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
15.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
16.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
17.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
18.			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
19.			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O
20. 53			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	yrs. mos.	D C O

8-12

	(PRINT) Name	(PRINT) Title	Employment Status Circle One				Personal Info		Education		CDA Status			
			full time	part time	volunteer	CETA/WIN	ethnicity	sex	highest degree	subject/ major	attained	currently enrolled	length of time in this position	physical location of office
21.			01	02	03	04	W B H PI AI O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
22.			01	02	03	04	W B H PI AI O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
23.			01	02	03	04	W B H PI AI O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
24.			01	02	03	04	W B H PI AT O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
25.			01	02	03	04	W B H PI AI O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
26.			01	02	03	04	W B H PI AI O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
27.			01	02	03	04	W B H PI AI O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
28.			01	02	03	04	W B H PI AT O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
29.			01	02	03	04	W B H PI AT O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O
30.			01	02	03	04	W B H PI AT O	M F	HS AD BA MA PH		01	02	yrs. mos.	D C O

(PRINT) Name	(PRINT) Title	Employment Status *Circle One*				Personal Info		Education		CDA Status			Physical location of office	Language spoken other than
		full time	part time	volunteer	CETA/WIN	ethnicity	sex	highest degree	subject/ major	attained	currently enrolled	length of time in this position		
31.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
32.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
33.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
34.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
35.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
36.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
37.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
38.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
39.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O
40.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S A O

or Program Office enter 00).

CENTER 1 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 2 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 3 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 4 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 5 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 6 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 7 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 8 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 9 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 10 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 11 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 12 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 13 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 14 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 15 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 16 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 17 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 18 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 19 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 20 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 21 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 22 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 23 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 24 TO PROGRAM/DELEGATE . . . . . ._____
CENTER 25 TO PROGRAM/DELEGATE . . . . . ._____

15. IN EACH OF THE CENTERS IN YOUR PROGRAM:

15A. HOW MANY 4 YEAR OLDS ARE SERVED?

15B. HOW MANY 4 YEAR OLD CLASSES ARE THERE?

	NUMBER OF CHILDREN	NUMBER OF CLASSES
CENTER 1		
CENTER 2		
CENTER 3		
CENTER 4		
CENTER 5		
CENTER 6		
CENTER 7		
CENTER 8		
CENTER 9		
CENTER 10		
CENTER 11		
CENTER 12		
CENTER 13		
CENTER 14		
CENTER 15		
CENTER 16		
CENTER 17		
CENTER 18		
CENTER 19		
CENTER 20		
CENTER 21		
CENTER 22		
CENTER 23		
CENTER 24		
CENTER 25		

TIME COMPLETED _____ AM PM

CENTER DESCRIPTION INTERVIEW

SPRING 1979

FORM NO.	HS-1 BES-2	SITE NO.
☐☐	☐	☐☐

INTERVIEWER NAME _____

DATE OF INTERVIEW __/__/__
MO DAY YR

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES IN WASHINGTON D.C. — THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT 47 HEAD START PROGRAMS ACROSS THE COUNTRY. WE WILL BE SPEAKING WITH

- PROGRAM DIRECTORS
- CENTER DIRECTORS AND
- TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOUR CENTER.

BEFORE I START THE INTERVIEW I NEED FOR YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTANCE IN THIS STUDY.

HEAD START/BASIC EDUCATIONAL SKILLS STUDY

NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707

Consultant's Name (print)_____
Position _____
Address _____
_____
Telephone _____
Social Security Number_____

I agree to serve as a consultant to NTS Research Corporation on the development of interviews to be used in a study of Head Start/Basic Educational Skills programs.

I agree to be interviewed with a pilot version of either the Program Director Interview, Center Director Interview, or the Teacher Interview. I understand that my answers to the interview questions will help NTS improve the interview before it is used in the Head Start/Basic Educational Skills study as well as collect intial program information.

I have been told that the information from the interview with me will be confidential. Only authorized people will be allowed to see any of the interview records.

I will receive $10 for serving as a consultant to NTS Research Corporation.

_____ _____
Date Signature of Consultant

The consultant has responded to the (check one) _____ Program Director Interview, _____ Center Director Interview, or _____ Teacher Interview and will receive $10 from NTS Research Corporation.

_____ _____
Date Signature of Authorized NTS Employee

1. *(Interviewer: Complete this question by your own observation.)*
Please Describe the general facilities:

School Building 01
Church 02
Recreation Center, ...03
Other (Specify) _____ 04

1a. HOW WOULD YOU DESCRIBE THE AREA SERVED BY YOUR CENTER?

CITY. 01
CITY/COUNTY 02
COUNTY. 03
MULTI-COUNTY. . . . 04

2. HOW FAR FROM THE CENTER DO MOST OF THE CHILDREN AND PARENTS LIVE?

LESS THAN 2 MILES . . . 01
2 - 5 MILES 02
MORE THAN 5 MILES . . . 03

3. HOW ARE THE CHILDREN TRANSPORTED FROM HOME TO THE CENTER?

	YES	NO
WALK.	01	02
PARENTS DRIVE	01	02
PUBLIC TRANSPORTATION	01	02
PROGRAM BUS OR TRANSPORTATION	01	02
other *(SPECIFY)*		
1. _____	01	02
2. _____	01	02
3. _____	01	02

4. WHAT TYPE OF PROGRAM DO YOU OFFER, THAT IS, IS IT:

	YES	NO
FULL DAY? (4 OR MORE HOURS)	01	02
PART DAY? (LESS THAN 4 HOURS)	01	02
HOME BASED?	01	02
LOCALLY DESIGNED OPTION?.	01	02
DOUBLE SESSION? (different group of children in session in morning and in the afternoon).	01	02

5. WHAT IS THE TOTAL NUMBER OF CLASSES HELD AT THIS CENTER?
(BY CLASS WE MEAN GROUPS OF CHILDREN, NOT CLASSROOMS.)

_____ TOTAL NUMBER OF CLASSES

6. NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT EACH OF THE _____ CLASSES IN YOUR CENTER. LET'S BEGIN BY LISTING THE CLASSES BY TEACHER NAME. IF A TEACHER HAS MORE THAN ONE CLASS (GROUP OF CHILDREN) WE WILL LIST THE TEACHER'S NAME TWICE, ETC. LET'S BEGIN. . .

6A. PLEASE GIVE ME THE TEACHER'S NAME FOR EACH CLASS (GROUP OF CHILDREN) IN YOUR CENTER. *(PRINT THE NAMES IN COLUMN A.)*

NOTE: *(COMPLETE QUESTIONS 6B THROUGH 6D BY TEACHER LINE.) (ACROSS THE TABLE.)*

6B. WHAT IS THE TOTAL NUMBER OF CHILDREN IN *(TEACHER'S NAME)* CLASS?

6C. AT THE BEGINNING OF THE SCHOOL YEAR, HOW MANY OF THE CHILDREN IN THIS CLASS WERE 3 YEAR OLDS? 4 YEAR OLDS? AND 5 YEAR OLDS?

6D. FOR EACH DAY OF THE WEEK, WHAT ARE THE HOURS FOR THE CLASS? *(IF CLASS IS NOT HELD ENTER AN X THROUGH THE CORRESPONDING BOX.)*

A	B	C			D				
Teacher's Name	Total # of Children	Total # of Children (By age groups)			Time Intervals				
		3-4	4-5	5-6	Mon.	Tues.	Wed.	Thurs.	Fri.
1.					To	To	To	To	To
2.					To	To	To	To	To
3.					To	To	To	To	To
4.					To	To	To	To	To
5.					To	To	To	To	To
6.					To	To	To	To	To
7.					To	To	To	To	To
8.					To	To	To	To	To
9.					To	To	To	To	To
10.					To	To	To	To	To
11.					To	To	To	To	To
12.					To	To	To	To	To
13.					To	To	To	To	To
14.					To	To	To	To	To
15.					To	To	To	To	To
16.					To	To	To	To	To
17.					To	To	To	To	To
18.					To	To	To	To	To
19.					To	To	To	To	To
20.					To	To	To	To	To

7. ON THE CALENDAR BELOW PLEASE CROSS OUT EACH DAY THE CHILDREN ARE NOT AT THE CENTER (I.E. WEEKENDS, VACATION DAYS, HOLIDAYS, SUMMER BREAK, ETC.)

1978

AUGUST

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

1979

JANUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

MARCH

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCTOBER

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

8. WHAT IS YOUR TOTAL ENROLLMENT NOW FOR THE WHOLE CENTER? TOTAL _____

9. WHAT IS YOUR AVERAGE DAILY ATTENDANCE FOR THE WHOLE CENTER? _____

10. FOR THIS SCHOOL YEAR, HOW MANY DROP-OUTS HAVE YOU HAD UP TO NOW? *(If 0 enter 0)* _____

11. WHAT IS THE ETHNIC COMPOSITION OF THE CHILDREN YOU SERVE?

HOW MANY ARE: *(If 0 enter 0)*

	TOTAL
WHITE (NOT OF HISPANIC ORIGIN) . .	_____
BLACK (NOT OF HISPANIC ORIGIN) . .	_____
HISPANIC	_____
PACIFIC ISLANDER, ASIAN.	_____
AMERICAN INDIAN. NATIVE ALASKAN. .	_____
other *(specify)*	
1. _____ . .	_____
2. _____ . .	_____
3. _____ . .	_____

12. ABOUT HOW MANY CHILDREN IN YOUR CENTER CANNOT SPEAK ENGLISH FLUENTLY BECAUSE THEY HAVE ANOTHER PRIMARY LANGUAGE?

_____ number of children *(IF NONE ENTER 00.)*
(IF 00 GO TO Q.14.)

13. OF THESE _____ (NUMBER) CHILDREN, HOW MANY SPEAK THE FOLLOWING LANGUAGES AS THEIR PRIMARY LANGUAGE? *(If 0 enter 0)*

	TOTAL
SPANISH	_____
AMERICAN INDIAN LANGUAGE	_____
ASIAN LANGUAGES.	_____
other *(specify)*	
1. _____ . .	_____
2. _____ . .	_____
3. _____ . .	_____

13a. HOW LONG HAS YOUR CENTER BEEN A HEAD START CENTER?

_____ years _____ months

SECTION II: PROGRAM ADMISSIONS

Respondent Title: _____

14. HOW DO PARENTS MOST OFTEN FIND OUT ABOUT YOUR PROGRAM? DO YOU USE ANY OF THE FOLLOWING METHODS?

	NO	YES
DOOR-TO-DOOR RECRUITMENT CAMPAIGN.	02	01
POSTERS IN HOUSING PROJECTS, GROCERY STORES, COMMUNITY CENTERS, ETC.	02	01
RADIO, OR NEWSPAPER ADS.	02	01
WORD-OF-MOUTH.	02	01
OLDER CHILDREN WERE IN HEAD START.	02	01
OTHER *(specify)*		
1. _____	02	01
2. _____	02	01
3. _____	02	01

15. IF YOU ARE UNABLE TO SERVE ALL THE FAMILIES WHO SIGN UP FOR HEAD START, HOW DO YOU DECIDE WHOM TO SERVE?

We have always been able to accept all that apply. 01 *(Go to Q.16)*

	NO	YES	RANK
BY: LOWEST INCOME FIRST.	02	01	____
FIRST COME-FIRST SERVED.	02	01	____
HANDICAPPED	02	01	____
OLDER HEAD START SIBLINGS.	02	01	____
OTHER *(specify)*			
1. _____	02	01	____
2. _____	02	01	____
3. _____	02	01	____

15a. PLEASE RANK THESE _____ (total number circled yes above) IN ORDER OF IMPORTANCE WITH 1 BEING THE MOST IMPORTANT.

(Interviewer: Read each circled category and have respondent rank. If only 1 category circled, enter 1 and go to Q.16.)

16. WHO IS INVOLVED IN SETTING ADMISSIONS POLICY? *circle all that apply*

agency has a policy we follow.	.01
PROGRAM DIRECTOR.	.02
CENTER DIRECTOR.	.03
TEACHER.	.04
COORDINATORS	.05
PARENT ADVISORY COMMITTEE.	.06
other *(specify)*	
1. _____	07
2. _____	08
3. _____	09

17. MOST COMMUNITIES OFFER SEVERAL DIFFERENT ARRANGEMENTS FOR PROVIDING EDUCATION TO 5 YEAR OLDS IN THEIR AREA. (KINDERGARTENS, DAY CARE, ETC.) WHAT PROVISIONS ARE AVAILABLE FOR THE EDUCATION OF 5 YEAR OLDS IN YOUR AREA?

	YES	NO
MANDATORY PUBLIC KINDERGARTEN	01	02
OPTIONAL PUBLIC KINDERGARTEN	01	02
PRIVATE KINDERGARTEN	01	02
PUBLIC DAY CARE	01	02
PRIVATE DAY CARE	01	02
CONTINUE IN HEAD START	01	02
OTHER *(SPECIFY)*		
1. _____	01	02

Question 18 and 19 for BES only - Head Start Go to Q. 20.

BES ONLY

18. WHAT SCHOOLS WILL YOUR CHILDREN ENTER AFTER COMPLETING YOUR PROGRAM? PLEASE TELL ME THE NAMES, LOCATIONS AND APPROXIMATE NUMBER OF CHILDREN FROM YOUR PROGRAM ENTERING EACH IN THE FALL.

	SCHOOL NAME	CITY STATE	ABOUT HOW MANY OF YOUR CENTER'S CHILDREN WILL ENTER THIS SCHOOL IN THE FALL OF 1980
1.			
2.			
3.			
4.			
5.			
6.			

BES ONLY 19. WHAT SPECIAL ARRANGEMENTS DID YOU HAVE TO MAKE FOR ENTRY INTO THE SCHOOLS IN WHICH YOUR BES CHILDREN WILL ATTEND?

did not make special arrangements 01

	YES	NO
NEGOTIATIONS WITH SCHOOL BOARDS.	01	02
NEGOTIATIONS WITH PARENTS.	01	02
TRANSPORTATION ARRANGEMENTS.	01	02
POTENTIAL REIMBURSEMENT OF SCHOOL DISTRICTS AND/OR SCHOOLS.	01	02
WAIVERS OF SCHOOL DISTRICT POLICIES.	01	02
WAIVERS OF DESEGREGATION REQUIREMENTS.	01	02
other *(SPECIFY)*		
1. _____	01	02
2. _____	01	02
3. _____	01	02

20. WOULD YOU PLEASE COMPLETE THE CHART ON THE NEXT PAGE FOR ALL KEY STAFF IN YOUR CENTER WHO REPORT TO THE CENTER DIRECTOR RATHER THAN TO THE DELEGATE OR GRANTEE? *(Please start with the Respondent).*

EMPLOYMENT STATUS. . .*CIRCLE APPROPRIATE CODE*

ETHNICITY. . . . . .*CIRCLE APPROPRIATE CODE*

WHITE (NOT OF HISPANIC ORIGIN) . . .W
BLACK (NOT OF HISPANIC ORIGIN) . . .B
HISPANIC . . . . . .H
PACIFIC ISLANDER . . . . . .PI
AMERICAN INDIAN. . . . . .AI
OTHER . . . . . .O

DEGREE . . . . . .*CIRCLE APPROPRIATE CODE*

LESS THAN HIGH SCHOOL. . . . LH
HIGH SCHOOL. . . . . HS
ASSOCIATE DEGREE (2 YRS.). . AD
BACHELORS DEGREE (4 YRS.). . BA
MASTERS DEGREE . . . . . MA
PHD. . . . . PH

SUBJECT-MAJOR. . . . .WRITTEN ENTRY

CDA STATUS. . . . . .*CIRCLE APPROPRIATE CODE*

LENGTH OF TIME IN
THIS POSITION . . . .ENTER YEARS AND MONTHS

PHYSICAL LOCATION
OF OFFICE . . . . . .*CIRCLE APPROPRIATE CODE*

DELEGATE/PROGRAM OFFICE. .
CENTER . . . . . .
OTHER OFFICE . . . . . .

LANGUAGE SPOKEN OTHER
THAN ENGLISH. . . . .*CIRCLE ALL THAT APPLY*

SPANISH. . . . . .
AMERICAN INDIAN. . . . . .
ASIAN. . . . . .
EUROPEAN . . . . . .
OTHER. . . . . .

Name	Title	Employment Status *Circle One*				Personal Info		Education		CDA Status		length of time in this position	physical location of office
		full time	part time	volunteer	CETA/WIN	ethnicity	sex	highest degree	subject/ major	attained	currently enrolled		
1.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
2.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
3.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
4.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
5.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
6.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
7.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
8.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
9.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O
10.		01	02	03	04	W B H PI AI O	M F	HS AD MA	BA PH	01	02	yrs. mos.	D C O

8-27

EMPLOYMENT STATUS. . .*CIRCLE APPROPRIATE CODE*

ETHNICITY. . . . . .*CIRCLE APPROPRIATE CODE*

WHITE (NOT OF HISPANIC ORIGIN) . . .W
BLACK (NOT OF HISPANIC ORIGIN) . . .B
HISPANIC . . . . . .H
PACIFIC ISLANDER . . . . . .PI
AMERICAN INDIAN. . . . . .AI
OTHER . . . . . .O

DEGREE . . . . . .*CIRCLE APPROPRIATE CODE*

LESS THAN HIGH SCHOOL. . . . LH
HIGH SCHOOL. . . . . HS
ASSOCIATE DEGREE (2 YRS.). . AD
BACHELORS DEGREE (4 YRS.). . BA
MASTERS DEGREE . . . . . MA
PHD. . . . . PH

SUBJECT-MAJOR. . . . .WRITTEN ENTRY

CDA STATUS. . . . . .*CIRCLE APPROPRIATE CODE*

LENGTH OF TIME IN
THIS POSITION . . . .ENTER YEARS AND MONTHS

PHYSICAL LOCATION
OF OFFICE . . . . . .*CIRCLE APPROPRIATE CODE*

DELEGATE/PROGRAM OFFICE. .
CENTER . . . . . .
OTHER OFFICE . . . . . .

LANGUAGE SPOKEN OTHER
THAN ENGLISH. . . . .*CIRCLE ALL THAT APPLY*

SPANISH. . . . . .
AMERICAN INDIAN. . . . . .
ASIAN. . . . . .
EUROPEAN . . . . . .
OTHER. . . . . .

Name	Title	Employment Status *Circle One*				Personal Info		Education		CDA Status		length of time in this position	physical location of office
		full time	part time	volunteer	CETA/WIN	ethnicity	sex	highest degree	subject/ major	attained	currently enrolled		
11.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
12.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
13.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
14.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
15.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
16.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
17.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
18.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
19.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O
20.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	77 mos.	D C O

21. DO ANY OTHER PEOPLE PROVIDE SERVICES TO THE CENTER OTHER THAN THE STAFF YOU JUST DESCRIBED? (FOR EXAMPLE, A SPEECH THERAPIST, PHYSICIAN, ETC.)

yes. 01
no . . . . . 02 *(GO TO Q.23)*

22. WHAT KIND OF PERSON PROVIDES THESE SERVICES?

CIRCLE ALL THAT APPLY	PRIVATE	SCHOOL SYSTEM	GRANTEE	DELEGATE	OTHER	*SPECIFY*
SPEECH THERAPIST. . . . . .01..	.01	02	03	04	05	
PHYSICIAN . . . . . .02..	.01	02	03	04	05	
DENTIST . . . . . .03..	.01	02	03	04	05	
PSYCHOLOGIST. . . . . .04..	.01	02	03	04	05	
SOCIAL WORKER . . . . . .05..	.01	02	03	04	05	
NURSE. . . . . .06..	.01	02	03	04	05	
OCCUPATIONAL THERAPIST. . .07..	.01	02	03	04	05	
other *(Specify)*						
1._____. . .08..	.01	02	03	04	05	
2._____. . .09..	.01	02	03	04	05	

(FOR EACH CIRCLED RESPONSE ASK Q.22A.)

22A. THROUGH WHICH ORGANIZATION(S) IS THIS PERSON FUNDED?

(CIRCLE APPROPRIATE FUNDING CODE IN Q. 22).

23. COMMUNICATION BETWEEN PRESCHOOL PROGRAMS AND PUBLIC SCHOOLS TAKES PLACE FOR MANY REASONS. WHICH OF THE FOLLOWING DO YOU DISCUSS WITH PUBLIC SCHOOL OFFICIALS?

almost no communication . . . . . .01 __

	YES	NO
FUNDING	01	02
STAFF TRAINING.	01	02
PARENT INVOLVEMENT.	01	02
CURRICULUM.	01	02
INDIVIDUAL CHILDREN	01	02
other *(SPECIFY)*		
1. _____ . .	01	02
2. _____ . .	01	02
3. _____ . .	01	02

SECTION IV: CONTINUITY WITH PUBLIC SCHOOLS Respondent Title:_____

24. WHICH OF THE FOLLOWING DO YOU SHARE WITH THE PUBLIC SCHOOLS IN YOUR AREA?

	YES	NO
USE OF THEIR BUILDINGS.	01	02
USE OF THEIR OFFICES.	01	02
USE OF THEIR ADMINISTRATIVE PERSONNEL (E.G., ACCOUNTANTS, PAYROLL)	01	02
USE OF CONSULTANTS FROM THE SCHOOL SYSTEM	01	02
USE OF COORDINATORS OF PROGRAMS IN THE SCHOOLS. . . .	01	02
USE OF THEIR TRANSPORTATION SYSTEM.	01	02
USE OF THEIR TEACHERS	01	02
USE OF THEIR SUPERVISORS.	01	02
other *(SPECIFY)*_____ .	01	02

IF CODE 01 IS CIRCLED FOR TEACHERS OR SUPERVISORS GO TO Q.25. OTHERWISE, GO TO Q.27.

25. HOW OFTEN DO YOU USE THEIR TEACHERS AND SUPERVISORS?

	DAILY	2 TO 3 TIMES A WEEK	WEEKLY	LESS THAN WEEKLY
TEACHERS.	01	02	03	04
SUPERVISORS	01	02	03	04

26. WHAT ARE THE TASKS OR DUTIES OF THESE TEACHERS AND SUPERVISORS?

TEACHERS	SUPERVISORS
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

27. WHAT ACTIVITIES DO YOU PERFORM TO PREPARE HEAD START CHILDREN FOR THE PUBLIC SCHOOLS?

	YES	NO
PUBLIC SCHOOL TEACHERS ATTEND TRAINING WITH HEAD START TEACHERS.	01	02
PUBLIC SCHOOL TEACHERS VISIT HEAD START CLASSROOMS . .	01	02
HEAD START PARENTS VISIT PUBLIC SCHOOLS.	01	02
HEAD START CHILDREN REGULARLY VISIT PUBLIC SCHOOLS . .	01	02
HEAD START CHILDREN VISIT PUBLIC SCHOOLS PRIOR TO ENROLLMENT	01	02
ROLE PLAYING IN HEAD START	01	02
EMPHASIZE ACADEMIC SKILLS DEVELOPMENT.	01	02
EMPHASIZE SOCIAL SKILL DEVELOPMENT	01	02
TEACH CHILDREN TO FOLLOW DIRECTIONS AND TO UNDERSTAND RULES.	01	02
EXCHANGE OF TEACHERS BETWEEN PUBLIC SCHOOL AND HEAD START	01	02
other *(SPECIFY)*		
1. _____ . .	01	02
2. _____ . .	01	02
3. _____ . .	01	02

28. HOW WOULD YOU DESCRIBE THE RELATIONSHIP YOU HAVE WITH YOUR LOCAL PUBLIC SCHOOLS?

WOULD YOU SAY:

THE RELATIONSHIP IS EXCELLENT.	01
THE RELATIONSHIP IS GOOD	02
THE RELATIONSHIP IS FAIR	03
THE RELATIONSHIP IS DIFFICULT OR STRAINED.	04
there is no relationship	05

29. HOW FREQUENTLY DO YOU HAVE CONTACT WITH THE FOLLOWING PEOPLE IN YOUR PROGRAM?

	no communication	almost daily	2-3 times a week	weekly	less than weekly	NA
PROGRAM DIRECTOR. . . .	01	02	03	04	05	93
OTHER CENTER DIRECTORS	01	02	03	04	05	93
TEACHING STAFF.	01	02	03	04	05	93
NON-TEACHING STAFF, E.G. EDUCATION COORDINATOR	01	02	03	04	05	93
MOST PARENTS.	01	02	03	04	05	93

SECTION V: COMMUNITY RESOURCES Respondent Title:_____

30. THERE ARE A VARIETY OF RESOURCES AVAILABLE IN A COMMUNITY. I'D LIKE TO READ TO YOU A LIST OF SERVICE RESOURCES. PLEASE TELL ME IF THE RESOURCE IS AVAILABLE IN YOUR COMMUNITY AND IF SO HAS THE HEAD START CENTER EVER USED IT. BY USED WE MEAN THAT THE CENTER USED THE RESOURCE DIRECTLY OR IT REFERRED A HEAD START FAMILY TO THE RESOURCE.

(Circle one code per line)

	NOT AVAILABLE	AVAILABLE AND USED	AVAILABLE AND NOT USED	DON'T KNOW
PUBLIC HEALTH CLINIC	01	02	03	98
MENTAL HEALTH CLINIC	01	02	03	98
CHILD GUIDANCE CLINIC	01	02	03	98
SPEECH THERAPY CLINIC	01	02	03	98
PSYCHOLOGICAL SERVICES	01	02	03	98
FAMILY COUNSELING AGENCIES	01	02	03	98
FAMILY PLANNING SERVICES	01	02	03	98
NUTRITION SERVICES	01	02	03	98
LOCAL HOSPITAL	01	02	03	98
COMMUNITY WORK AND TRAINING PROGRAMS	01	02	03	98
HOUSING AUTHORITY	01	02	03	98

SECTION VI TRAINING

Respondent Title: _____

THE NEXT QUESTIONS CONCERN PRESERVICE AND INSERVICE TRAINING.

31. DID YOU OFFER PRESERVICE TRAINING SESSIONS TO YOUR STAFF THIS SCHOOL YEAR?

yes 01
no . . . . . 02 *(GO TO Q.40)*

32. HOW MANY TOTAL DAYS OF TRAINING DID YOUR STAFF HAVE?

_____ days

33. FOR THE _____ DAYS OF TRAINING ABOUT HOW MANY HOURS IN ALL DID THIS INCLUDE?

_____ total hours *(enter total number of hours in Q.36.)*

34. WHEN WERE THE PRESERVICE TRAINING SESSIONS HELD?

	DELETE	MONTH	TO	DAY	MONTH
			TO		
2.			TO		
3.			TO		

35. HOW MANY OF THE FOLLOWING PERSONS PARTICIPATED IN MOST OF THE PRESERVICE TRAINING SESSIONS? *(If 0, enter 00.)*

HEAD START TEACHERS. . . . . _____
PAID CLASSROOM AIDES . . . . . _____
VOLUNTEER CLASSROOM AIDES. . . . . _____
PROGRAM ADMINISTRATORS . . . . . _____
PROGRAM COORDINATORS . . . . . _____
PARENTS. . . . . _____
PUBLIC SCHOOL TEACHERS . . . . . _____
other *(SPECIFY)*
1. _____ . . _____
2. _____ . . _____
3. _____ . . _____

36. NOW I WOULD LIKE TO FIND OUT ABOUT HOW THE TRAINING SESSIONS WERE CONDUCTED AND WHAT SUBJECT MATTER AND TOPICS WERE DISCUSSED.

HOW WERE THE PRESERVICE TRAINING SESSIONS CONDUCTED?	No	Yes	OF THE ____ HOURS ABOUT HOW MANY WERE DEVOTED TO _____
A. LECTURES	.02	01	_____ hrs. ____ mins
B. PREPARATION OF CLASSROOM MATERIALS	.02	01	_____ hrs. ____ mins
C. GROUP DISCUSSIONS	.02	01	_____ hrs. ____ mins
D. ONE TO ONE SUPERVISOR TO TEACHER TRAINING	.02	01	_____ hrs. ____ mins
E. other *(specify)*			
1. _____	.02	01	_____ hrs. ____ mins
2. _____	.02	01	_____ hrs. ____ mins

WERE THE FOLLOWING TOPICS OR AREAS DISCUSSED?

F. PROBLEMS REGARDING INDIVIDUAL CHILDREN OR FAMILIES	.02	01	_____ hrs. ____ mins
G. STAFF OR CENTER PROBLEMS	.02	01	_____ hrs. ____ mins
H. ADMINISTRATIVE METHODS	.02	01	_____ hrs. ____ mins
I. PLANNING CLASSROOM ACTIVITIES	.02	01	_____ hrs. ____ mins
J. COMPLETING ADMINISTRATIVE PAPERWORK	.02	01	_____ hrs. ____ mins
K. HEALTH ISSUES	.02	01	_____ hrs. ____ mins
L. PARENT INVOLVEMENT	.02	01	_____ hrs. ____ mins
M. GENERAL PROGRAM OPERATIONS	.02	01	_____ hrs. ____ mins
N. SERVICE TO THE HANDICAPPED	.02	01	_____ hrs. ____ mins
O. SOCIAL SERVICE	.02	01	_____ hrs. ____ mins
P. BILINGUAL/BICULTURAL TRAINING	.02	01	_____ hrs. ____ mins
Q. TEACHING METHODS	.02	01	_____ hrs. ____ mins

WHAT TOPICS WERE DISCUSSED?

1. _____	_____ hrs.	____ mins
2. _____	_____ hrs.	____ mins
3. _____	_____ hrs.	____ mins

R. TEACHING MATERIALS	.02	01	_____ hrs. ____ mins

WHAT KIND OF TEACHING MATERIALS?

1. _____	_____ hrs.	____ mins
2. _____	_____ hrs.	____ mins
3. _____	_____ hrs.	____ mins

S. CLASSROOM ACTIVITIES	.02	01	_____ hrs. ____ mins

WHAT KIND OF CLASSROOM ACTIVITIES?

1. _____	_____ hrs.	____ mins
2. _____	_____ hrs.	____ mins
3. _____	_____ hrs.	____ mins

For BES Only	T. BES GUIDELINES	.02	01	_____ hrs. ____ mins
		NOT BES . .	03	

. . . . . 02 (GO TO Q. 39)

38. PLEASE DESCRIBE THE ADDITIONAL SUBJECT MATTER OR TOPICS WHICH WERE DISCUSSED? *(For each subject or topic ask)*

	Subject/Topic	How many hours were devoted to this area?
1.	DELETE	_____ HRS
2.		_____ HRS
3.		_____ HRS
4.		_____ HRS
5.		_____ HRS

39. WHO CONDUCTED THE PRESERVICE TRAINING SESSIONS?

	yes	no
CENTER DIRECTOR.	01	02
. . . . .	01	02
DELETE ATIONAL COORDINATOR		
ENT COORDINATOR. . . .	01	02
e.g. PSYCHOLOGISTS		
CHILD DEVELOPMENT		
SPECIALISTS	01	02
REGIONAL STAFF/CONSULTANTS	01	02
HEAD START TRAINING AND TECHNICAL ASSISTANCE AGENCY. .	01	02
PUBLIC SCHOOL STAFF.	01	02
other *(SPECIFY)*		
1. _____ . .	01	02
2. _____ . .	01	02
3. _____ . .	01	02

40. NOW THAT WE'VE DISCUSSED PRESERVICE TRAINING, WE WOULD LIKE SOME INFORMATION ON INSERVICE TRAINING WHICH MIGHT TAKE PLACE IN YOUR PROGRAM.

INSERVICE TRAINING MAY TAKE MANY FORMS. ONE OF THE FORMS IS THROUGH STAFF TRAINING MEETINGS OR STAFF TRAINING DAYS. DO YOU SET ASIDE A TIME TO MEET REGULARLY FOR TRAINING?

yes. 01
no 02

41. IN THE PAST MONTH, HOW MANY INSERVICE TRAINING SESSIONS HAVE YOU HELD? *(IF ZERO ENTER 00 AND GO TO Q.48).*

_____ number of training sessions

42. ALTOGETHER ABOUT HOW MANY HOURS DID THE _____ (number of training sessions) INSERVICE TRAINING SESSIONS LAST?

_____ number of hours *(enter number of hours in Q. 44.)*

43. IN THE PAST MONTH WHO ATTENDED THESE INSERVICE TRAINING SESSIONS?

	yes	no
TEACHERS.	01	02
PAID AIDES.	01	02
VOLUNTEER AIDES	01	02
PROGRAM ADMINISTRATORS.	01	02
PROGRAM COORDINATORS.	01	02
PARENTS	01	02
PUBLIC SCHOOL STAFF	01	02
other *(SPECIFY)*		
1. _____ . .	01	02
2. _____ . .	01	02

44. NOW I WOULD LIKE TO FIND OUT ABOUT HOW THE INSERVICE TRAINING SESSIONS WERE CONDUCTED AND WHAT SUBJECT MATTER AND TOPICS WERE DISCUSSED.

HOW WERE THE INSERVICE TRAINING SESSIONS CONDUCTED?	No	Yes	OF THE ____ HOW MANY WERE DEVOTED TO
A. LECTURES	.02	01	_____ hrs. _____ min
B. PREPARATION OF CLASSROOM MATERIALS	.02	01	_____ hrs. _____ min
C. GROUP DISCUSSIONS	.02	01	_____ hrs. _____ min
D. ONE TO ONE SUPERVISOR TO TEACHER TRAINING	.02	01	_____ hrs. _____ min
E. other *(specify)*			
1. _____	.02	01	_____ hrs. _____ min
2. _____	.02	01	_____ hrs. _____ min

WERE THE FOLLOWING TOPICS OR AREAS DISCUSSED?

F. PROBLEMS REGARDING INDIVIDUAL CHILDREN OR FAMILIES	.02	01	_____ hrs. _____ min
G. STAFF OR CENTER PROBLEMS	.02	01	_____ hrs. _____ min
H. ADMINISTRATIVE METHODS	.02	01	_____ hrs. _____ min
I. PLANNING CLASSROOM ACTIVITIES	.02	01	_____ hrs. _____ min
J. COMPLETING ADMINISTRATIVE PAPERWORK	.02	01	_____ hrs. _____ min
K. HEALTH ISSUES	.02	01	_____ hrs. _____ min
L. PARENT INVOLVEMENT	.02	01	_____ hrs. _____ min
M. GENERAL PROGRAM OPERATIONS	.02	01	_____ hrs. _____ min
N. SERVICE TO THE HANDICAPPED	.02	01	_____ hrs. _____ min
O. SOCIAL SERVICE	.02	01	_____ hrs. _____ min
P. BILINGUAL/BICULTURAL TRAINING	.02	01	_____ hrs. _____ min
Q. TEACHING METHODS	.02	01	_____ hrs. _____ min

WHAT TOPICS WERE DISCUSSED?

1. _____ _____ hrs. _____ mins
2. _____ _____ hrs. _____ mins
3. _____ _____ hrs. _____ mins

R. TEACHING MATERIALS .02 01 _____ hrs. _____ mins

WHAT KIND OF TEACHING MATERIALS?

1. _____ _____ hrs. _____ mins
2. _____ _____ hrs. _____ mins
3. _____ _____ hrs. _____ mins

S. CLASSROOM ACTIVITIES .02 01 _____ hrs. _____ mins

WHAT KIND OF CLASSROOM ACTIVITIES?

1. _____ _____ hrs. _____ mins
2. _____ _____ hrs. _____ mins
3. _____ _____ hrs. _____ mins

For BES Only

T. BES GUIDELINES .02 01 _____ hrs. _____ mins

NOT BES . . 03

45. WHO CONDUCTED THESE INSERVI[illegible] NG SESSIONS?

	yes	no
CENTER DIRE[illegible]	01	02
TEACHIN[illegible]	01	02
PRO[illegible] DELETE EDUCATION COORDINATOR	01	02
[illegible]. PSYCHOLOGISTS, EARLY [illegible]STS	01	02
R[illegible] CONSULTANTS	01	02
HE[illegible] RAINING AND TECHNICAL ASSISTANCE AGENCY	01	02
PUB[illegible] SCHOOL STAFF	01	02
other (SPECIFY)		
1. _____	01	02
2. _____	01	02
3. _____	01	02

46. DURING THE LAST MONTH, HAS [illegible]M OUTSIDE YOUR OWN STAFF MADE A PRESENTATION AT ONE OF T[illegible] TRAINING SESSIONS?

yes . .
no . (Q.48)

DELETE

47. WHAT [illegible]LE AND WHAT ORGANIZATION DID HE/SHE REPRESENT?

_____ —
[illegible]zation _____ _____

48. BESIDES THE REGULARLY SCHE[illegible] DELETE [illegible]VICE TRAINING SESSIONS YOU HAVE JUST TOL ME ABOUT, WERE THERE O[illegible] OF TRAINING SESSIONS HELD THIS SCHOOL YEAR?

[illegible] . 01
. . . 02 (GO TO Q.53)

49. WHAT TYPE OF TRAINING SESSIONS WERE THEY? (CIRCLE ALL THAT APPLY)

	HOW MANY OF THESE SESSIONS WERE [illegible]ELD?	HOW MANY HOURS DID THESE SESSIONS LAST?
SPE[illegible]		
[illegible] DELETE		
. 03		
. . . 04		
_____		
_____		
_____		

(INTERVIEWER, IF ANY OF THESE EXPERIENCES COVERED MORE THAN 3 DAYS OR 24 HOURS OF TRAINING ASK THE SERIES OF QUESTIONS WHICH FOLLOW ON CONTENT, SPONSORSHIP AND ATTENDANCE, Q. 50, 51, and 52.)

HEALTH. 01
PARENT INVOLVEMENT. 02
GENERAL PROGRAM OPER 03
SERVICES TO THE 04
SOCIAL SERV 05
BILING 06
TEA 07

DELETE

WHAT . . . OVERED?

1. _____
2. _____
3. _____

TEACHING MATERIALS. 08

WHICH KIND OF MATERIAL?

1. _____
2. _____
3. _____

CLASSROOM ACTIVITIES. 09

WHAT KIND OF ACTIVITIES?

1. _____
2. _____
3. _____

FOR BES ONLY

BES GUIDELINES. 10

51. WHO CONDUCTED THE TRAINING SESS . . .

CIRCLE ALL THAT APPLY

CENTER DIRECT 01
TEACHING 02
PRO . . . . . ON COORDINATOR. . . 03
OUTS . . . . . CHOLOGISTS, EARLY
CHI 04
REGIO . . . . . ULTANTS. 05
HEAD S. . . . . ING AND TECHNICAL ASSISTANCE AGENCY . 06
PUBLIC . . . . . OL STAFF 07
other *(specify)*

1. _____ . . 08
2. _____ . . 09
3. _____ . . 10

DELETE

52. WHO ATTENDED THIS (THESE) TRAINING SESSION(S)?

CIRCLE ALL THAT APPLY

CLASSROOM TEACH 01
PAID AIDES 02
VOLUNT 03
ADI 04
PAR 05
PROG 06
other.

1 _____ . . 07
2. _____ . . 08
3. _____ . . 09

TEACHERS MAY RECEIVE SUPERVISION IN A PROGRAM FROM ANY OF A NUMBER OF PEOPLE DEPENDING UPON HOW THE ORGANIZATION OF THE PROGRAM IS SET UP. FOR THE FOLLOWING QUESTIONS I AM REFERRING TO THE PERSON IN YOUR PROGRAM WHO PROVIDES THE TEACHERS WITH SUPERVISION, WHETHER IT IS THE DIRECTOR, A LEAD TEACHER OR A CURRICULUM COORDINATOR.

53. ON THE AVERAGE, HOW OFTEN DOES THIS PERSON VISIT IN A TEACHERS' CLASS?

DAILY. 01
WEEKLY. 02
MONTHLY. 03
TWICE A YEAR OR LESS . . 04

54. IS THERE A SET SCHEDULE FOR THIS VISIT OR IS THE VISIT SET BY NEED?

scheduled visit. 01
need visit 02

55. ABOUT HOW MUCH TIME DOES — N USUALLY SPEND IN EACH

56. WHA DELETE ? RANK IN ORDER OF
PRIC ANT.

	YES	NO	
TEACHER WITH CHILDREN.	.01	02	_____
NCE WITH TEACHER ABOUT HER PERFORMANCE . .	.01	02	_____
DISCUSSION OF CURRICULUM MATERIALS.	.01	02	_____
DISCUSSION OF A PARTICULAR PROBLEM IN THE CLASS OR WITH A PARENT.	.01	02	_____
other *(SPECIFY)*			
1. _____	.01	02	_____
2. _____	.01	02	_____
3. _____	.01	02	_____

(If more than one yes is ci- have respondent rank in order of importance.)

57. WHO MOST — TWEEN THIS PERSON AND A TEACHER?

DELETE
. 02
. . . 03

SECTION VII: CURRICULUM

58. I WOULD LIKE YOU TO READ THIS DESCRIPTION OF FIVE CLASSES WHICH TELLS YOU HOW THE TEACHERS IN EACH CLASS TEACH. READ THEM AND TELL ME WHICH OF THEM SOUNDS LIKE THE CLASSES IN YOUR CENTER. PLEASE TAKE YOUR TIME WHILE I FINISH CODING INFORMATION THAT YOU HAVE ALREADY GIVEN ME.

(INTERVIEWER: HAND THE RESPONDENT THE PAGE WITH THE FIVE DESCRIPTIONS. MARK THE DESCRIPTION BELOW THAT THEY INDICATE SOUNDS MOST LIKE THE CLASSES IN THEIR CENTER.)

CLASS 1 01
CLASS 2 02
CLASS 3 03
CLASS 4 04
CLASS 5 05
NONE OF THE ABOVE 06

59. WHAT ARE THE PRIMARY RESOURCE MATERIALS, CURRICULUM GUIDES OR KITS USED IN YOUR CENTER?

Early Childhood Discovery Materials (Bank Street College of Education) 01
An Activities Handbook for Teachers of Young Children (Croft and Hess) 02
The New Nursery School (Nimmicht) 03
Early Childhood Curriculum: A Piaget Program (Lavatelli) 04
Cognitively Oriented Curriculum (Weikart) 05
Inquistive Games: Discovering How to Learn 06
Inquistive Games: Exploring Number and Space 07
GOAL: Language Development (Karnes) 08
GOAL: Math (Karnes) 09
Peabody Language Development Kit 10
PEEK KIT 11
Frostig Perceptual Motor Program 12
Learning to Think Series (Thurstone) 13
Learning Accomplishment Profile and Curriculum Activities (Sanford) (LAP) 14
Portage Project 15
Memphis Program 16
DISTAR Language 17
DISTAR Reading 18
DISTAR Math 19
Alpha Time 20
Readiness Programs 21
Other
1. _____ 22
2. _____ 23
3. _____ 24
4. _____ 25
5. _____ 26
Use own materials 27

60a. IN YOUR CENTER DO THE TEACHERS DECIDE ON THE TYPE OF TEACHING APPROACH, TEACHING MATERIALS AND CURRICULA TO USE OR ARE OTHER HEAD START PERSONNEL INVOLVED IN THIS DECISION?

the teacher decides. . . . . 01 *(GO TO Q.61)*
the teacher has assistance . . . 02

60b. WHAT OTHER PERSONNEL ARE INVOLVED IN THE DECISION?

	YES	NO
DIRECTOR	01	02
EDUCATION COORDINATOR	01	02
HEAD TEACHER	01	02
TEACHERS AS A GROUP	01	02
AIDES	01	02
PARENTS	01	02
PUBLIC SCHOOL STAFF	01	02
OTHER *(specify)*		
1. _____	01	02
2. _____	01	02
3. _____	01	02

61. TEACHERS EMPHASIZE DIFFERENT THINGS IN THEIR TEACHING AND CURRICULUM. I AM GOING TO GIVE YOU A LIST OF DEVELOPMENTAL CATEGORIES. PLEASE RANK EACH CATEGORY ACCORDING TO WHICH ONES ARE MOST EMPHASIZED IN THE CLASSES IN YOUR CENTER. RANK THE CATEGORIES WITH 1 BEING THE MOST EMPHASIZED AND 7 BEING THE LEAST EMPHASIZED.

(Hand list to respondent.)

	RANK
SENSORY MOTOR DEVELOPMENT	____
LANGUAGE DEVELOPMENT	____
GROUP AND SOCIAL SKILLS DEVELOPMENT	____
CONCEPT DEVELOPMENT	____
ACADEMIC SKILLS DEVELOPMENT	____
SELF-ESTEEM DEVELOPMENT	____
MOTIVATIONAL DEVELOPMENT	____

SECTION VIII. PARENT INVOLVEMENT

62. NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT PARENT INVOLVEMENT IN YOUR HEAD START CENTER. FIRST I NEED TO KNOW ABOUT HOW MANY OF THE CHILDREN IN THE CENTER LIVE WITH:

ENTER TOTAL NUMBER IF 0 ENTER 0

BOTH PARENTS (THIS INCLUDES NATURAL, ADOPTIVE, FOSTER AND STEP PARENTS) _____ x 2 = ... _____

SINGLE PARENT (SEPARATED, DIVORCED, WIDOWED) . . . . . _____

OTHER RELATIVES (AUNTS, UNCLES, GRAND PARENTS, ETC.) . . . . . _____

TOTAL _____

63. ABOUT HOW MANY OF THESE _____ ADULTS PARTICIPATE IN HEAD START ACTIVITIES (ATTEND MEETINGS, GO ON FIELD TRIPS, VISIT THE CLASSES, ETC.)?

_____NUMBER OF ADULTS

64. OF THE _____ ADULTS WHO PARTICIPATE IN THE HEAD START ACTIVITIES ABOUT HOW MANY PARTICIPATE:

TOTAL NUMBER

ALMOST DAILY. . . . . _____

AT LEAST WEEKLY . . . . . _____

AT LEAST MONTHLY . . . . . _____

65. ABOUT HOW MANY OF THESE _____ ADULTS WHO PARTICIPATE IN HEAD START ACTIVITIES ARE:

MALES . . . . . _____

FEMALES . . . . . _____

66. DO PARENTS SCHEDULE A VISIT IN THE CLASSROOM OR DO THEY DROP IN WHEN THEY HAVE TIME?

SCHEDULED. 01

NOT SCHEDULED. . . . 02

BOTH 03

67. WHAT DO THE PARENTS DO IN THE CLASSROOM? *(Circle one code for each line.)*

	Spontaneous	Prompted
supervise free play	.01	.02
read to the children	.01	.02
help with art projects	.01	.02
set up materials for the teacher, such as snacks, art materials, etc.	.01	.02
help with field trips	.01	.02
teach their own child	.01	.02
teach other children in group or one to one situation	.01	.02
supervise snacks	.01	.02
clean up	.01	.02
other *(specify)*		
1. _____	.01	.02
2. _____	.01	.02
3. _____	.01	.02

68. DOES YOUR CENTER CONDUCT WORKSHOPS OR CLASSES ESPECIALLY FOR PARENTS?

yes 01
no . . . . . 02 *(GO TO Q. 77)*

69. WAS A WORKSHOP OR CLASS HELD WITHIN THE LAST MONTH?

yes 01
no . . . . . 02 *(GO TO Q. 74)*

70. HOW MANY SESSIONS HAVE YOU HELD IN THE LAST MONTH?

_____ number of sessions

71. ABOUT HOW MANY TOTAL HOURS WOULD YOU SAY THIS INVOLVED?

_____ total hours

72. IN THE PAST MONTH, HOW MANY PARENTS ATTENDED THESE SESSIONS?

_____ number of parents

74. NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT THE PARENT TRAINING SESSIONS.

HOW WERE THE PARENT TRAINING SESSIONS CONDUCTED?

	NO	YES	OF THE ___ HOURS ABOUT HOW MANY WERE SPENT IN THIS WAY
LECTURES, DEMONSTRATIONS	02	01	____ HRS ____ MI
PREPARATION OF MATERIALS FOR PARENTS TO USE WITH THE CHILD	02	01	____ HRS ____ MI
GROUP DISCUSSION	02	01	____ HRS ____ MI
ONE TO ONE STAFF TO PAMENT TRAINING	02	01	____ HRS ____ MI
other *(SPECIFY)* 1. _____	02	01	____ HRS ____ MI

WHAT SUBJECT AREAS AND TOPICS WERE DISCUSSED?

EMOTIONAL DEVELOPMENT	02	01	____ HRS ____ MI
COGNITIVE/INTELLECTUAL DEVELOPMENT	02	01	____ HRS ____ MI
TEACHING ACTIVITIES FOR THE HOME	02	01	____ HRS ____ MI
LANGUAGE DEVELOPMENT	02	01	____ HRS ____ MI
PHYSICAL DEVELOPMENT	02	01	____ HRS ____ MI
HEALTH AND HEALTH CARE	02	01	____ HRS ____ MI
NUTRITION	02	01	____ HRS ____ MI
HANDICAPPING CONDITIONS	02	01	____ HRS ____ MI
COMMUNITY INVOLVEMENT	02	01	____ HRS ____ MI
(BES ONLY) BES GUIDELINES	02	01	____ HRS ____ MI
	03 *(NOT BES)*		

other *(SPECIFY)*

1. _____	02	01	____ HRS ____ MI
2. _____	02	01	____ HRS ____ MI
3. _____	02	01	____ HRS ____ MI

75. WHO CONDUCTED THE TRAINING SESS[illegible]NS IN THE LAST MONTH?

	yes	no
CENTER DIREC[illegible]	01	02
TEACHING[illegible]	01	02
PROG[illegible] DELETE [illegible]ENT INVOLVEMENT	01	02
[illegible].G. PSYCHOLOGISTS, SPECIALISTS.	01	02
R[illegible]./CONSULTANTS	01	02
HE[illegible]. TRAINING AND TECHNICAL ASSISTANCE AGENCY. .	01	02
PUB[illegible]. SCHOOL STAFF.	01	02
PARENTS.	01	02
other *(SPECIFY)*		
1. _____ . .	01	02
2. _____ . .	01	02
3. _____ . .	01	02

76. HOW ARE PARENTS INFORMED ABOUT THE TRAINING SESSIONS?

	yes	no
PARENTS REQUEST SESSIONS	01	02
ANNOUNCEMENTS POSTED AT THE CENTER	01	02
NOTES SENT TO PARENTS.	01	02
PARENTS CALLED	01	02
PARENTS TOLD WHEN THEY PICK UP OR BRING CHILDREN . . .	01	02
other *(SPECIFY)*		
1. _____ . .	01	02
2. _____ . .	01	02
3. _____ . .	01	02

77. DO THE TEACHERS IN YOUR CENTE[illegible]E REGULAR HOME VISITS TO THE HOMES OF THE CHILDREN IN THEIR [illegible]S?

yes. .
no ?.85)

78. HOW O[illegible] DELETE [illegible]OME VISITS?

at l[illegible] 01
at le[illegible] 02
[illegible] a year 03
[illegible]uce a year. 04
[illegible]ther *(specify)* _____ . . 05

79. ABOUT HOW LONG DOES EA[illegible] LAST?

_____ V.

80. WHAT IS T[illegible] HOME VISITS?

DELETE

[illegible]ERS AND PARENTS WITH 01
[illegible] TEACHERS WITH AN UNDERSTANDING [illegible] CHILD'S HOME SITUATION 02
[illegible]ELL PARENTS HOW CHILD IS DOING AT THE CENTER. . . .03
TO TEACH THE PARENTS TO TEACH THE CHILD AT HOME 04
other *(SPECIFY)*
1. _____ . .05
2. _____ . .06
3. _____ . .07

81. ARE ANY MATERIALS, T[illegible] [illegible]EFT AT THE HOME DURING A HOME VISIT?

DELETE

(GO TO Q.85)

82. DO [illegible]E INSTRUCTIONS FOR USING THE MATERIALS OR TOYS?

. 01
[illegible] 02

83. IS THERE ANY WAY FOR TH[illegible] TO KNOW IF THE PARENTS US[illegible] THE MATERIALS, TOYS OR P[illegible] [illegible]HILDREN?

y[illegible]

TO Q.85)

DELETE

84. HOW [illegible]HE MATERIALS WERE USED?

_____
_____
_____

85. HOW OFTEN DOES THE PARENT POLICY COUNCIL MEET?

weekly. 01
every other week. 02
monthly 03
every other month 04
other *(specify)* _____ . . 05

86. HOW MANY PARENTS ATTENDED THE LAST PARENT POLICY COUNCIL MEETING?

_____ number of parents

87. WHO ELSE, BESIDES PARENTS, ATTENDS THE POLICY COUNCIL MEETINGS?

	yes	no
TEACHERS.	.01	02
DIRECTOR.	.01	02
PARENT COORDINATOR.	.01	02
other *(SPECIFY)*		
1. _____ . . .	.01	02
2. _____ . . .	.01	02
3. _____ . . .	.01	02

88. WHAT ARE THE ROLES OF THESE OTHER PEOPLE IN THE MEETINGS?

	yes	no
CONDUCT THE MEETINGS.	.01	02
SERVE AS ADVISORS	.01	02
SERVE AS COMMITTEE MEMBERS.	.01	02
OBSERVE	.01	02
other *(SPECIFY)* _____ . . .	.01	02

89. WHAT IS THE MAJOR [illegible] POLICY COUNCIL - TO MAKE SUGGEST[illegible]O MAKE DECISIONS ABOUT HEAD ST

DELETE

--

90. DOES THE PARENT POLICY COUNCIL DEAL WITH THE FOLLOWING ISSUES?

	yes	no
SERVICES OR ACTIVITIES FOR PARENTS.	.01	02
SERVICES OR ACTIVITIES FOR CHILDREN	.01	02
CURRICULUM.	.01	02
BUDGET.	.01	02
STAFF ISSUES (E.G. HIRING/FIRING)	.01	02
other *(SPECIFY)*		
1. _____ . . .	.01	02
2. _____ . . .	.01	02
3. _____ . . .	.01	02

91. DO YOU HAVE A "LENDING LIBRARY" THAT PARENTS CAN VISIT TO GET IDEAS OR BORROW MATERIALS TO USE AT HOME?

yes 01
no . . . . . 02 *(GO TO Q.95)*

92. HOW MANY OF YOUR PARENTS MAKE USE OF THE LIBRARY EACH WEEK?

_____number of parents

93. HOW MANY OF YOUR ____ PARENTS EVER MAKE USE OF THE LIBRARY?

_____number of parents

94. WHAT KINDS OF MATERIALS ARE AVAILABLE IN YOUR LENDING LIBRARY?

	yes	no
BOOKS ON PARENTING SKILLS.	.01	02
CHILDREN'S BOOKS	.01	02
PUZZLES, GAMES, ETC.	.01	02
COOKBOOKS.	.01	02
MANIPULATIVE MATERIALS, SUCH AS BLOCKS, TINKERTOYS, ETC.	.01	02
FILMSTRIPS, PROJECTORS	.01	02
RECORDS, RECORD PLAYERS.	.01	02
EDUCATIONAL KITS	.01	02
other *(SPECIFY)*		
1. _____	.01	02
2. _____	.01	02
3. _____	.01	02

95. HAVE YOU DEVELOPED METHODS TO ENCOURAGE PARENTS TO WORK AT HOME WITH THEIR CHILDREN IN TEACHING BASIC SKILLS?

yes. 01
no . . . . . 02 *(GO TO Q 97. HS SITES: STOP. THANK DIRECTOR. ENTER TIME INTERVIEW COMPLETED.)*

96. PLEASE DESCRIBE THE METHODS.

_____
_____
_____

BES SITES (GO TO QUESTION 97)

REMAINING QUESTIONS FOR BES ONLY

97. HAVE YOU FOUND IT NECESSARY TO CHANGE YOUR PARENT INVOLVEMENT PROGRAM IN ANY WAY TO CONFORM TO THE BES GUIDELINES?

yes. 01
no . . . . . 02 *(GO TO Q.98)*

HOW HAVE YOU CHANGED YOUR PARENT INVOLVEMENT PROGRAM?

_____
_____

98. WAS THE PARENT POLICY GROUP INVOLVED IN THE PROPOSAL YOU WROTE FOR BES FUNDING?

yes. 01
no 02

IN WHAT WAY WERE THEY INVOLVED IN THE PROPOSAL?

_____
_____
_____

99. HAVE YOU HAD AN OPPORTUNITY TO DISCUSS THE SPECIFIC BES GOALS WITH PARENTS?

yes. 01
no 02

HOW AND WHEN DID YOU DO THIS?

HOW: _____
_____

WHEN: _____
_____

100. ON THE AVERAGE, WHAT WERE THE PARENTS' RESPONSE TO THE GOALS?

POSITIVE _____ NEGATIVE
1 2 3 4 5

TIME COMPLETED: ____ AM / PM

___CLASSROOM 1: MRS. GREEN

MRS. GREEN'S CLASS IS VERY OPEN. THE ACTIVITIES SHE USES WITH HER CHILDREN ARE DETERMINED BY WHAT SHE SEES THE CHILDREN NEED. SHE DOES NOT USE ANY PREPLANNED SEQUENCED ACTIVITIES, BECAUSE SHE WANTS TO CONCENTRATE ON THE "WHOLE CHILD" AND HIS NEEDS. THIS MEANS THAT HER TEACHING IS DIRECTED TOWARD INTELLECTUAL, LANGUAGE, SENSORIMOTOR AND SOCIO-EMOTIONAL DEVELOPMENT AT THE SAME TIME THAT SHE IS TRYING TO HELP THE CHILDREN DEVELOP A SENSE OF WELL-BEING. SHE USES NO WRITTEN SET OF BEHAVIOR OBJECTIVES, BECAUSE THE FOCUS OF HER CLASSROOM CHANGES DAY BY DAY WITH WHAT SHE SEES THE CHILDREN NEED ON ANY PARTICULAR DAY.

___CLASSROOM 2: MRS. JONES

MRS. JONES PLANS LEARNING ACTIVITIES WHICH ARE DESIGNED TO REACH SPECIFIC GOALS FOR THE CHILDREN. MRS. JONES WRITES THESE SPECIFIC GOALS BY ASSESSING THE STRENGTHS AND WEAKNESSES OF INDIVIDUAL CHILDREN IN HER CLASS. SHE DEVELOPS AND FOLLOWS A DAILY PLAN. SHE WORKS HARD ON DEVELOPING LANGUAGE SKILLS, MOTOR SKILLS, REASONING SKILLS, AND SOCIAL SKILLS. MRS. JONES SELECTS AND ORGANIZES THE ACTIVITIES WITHIN A SOMEWHAT STRUCTURED SETTING. THE MATERIALS SHE USES ARE OFTEN DEVELOPMENTALLY SEQUENCED AND OFFER GUIDELINES FOR HER TEACHING.

___CLASSROOM 3: MR. SMITH

MR. SMITH HAS A VERY STRUCTURED CLASSROOM. HE BELIEVES THAT THE CHILDREN IN HIS CLASS WILL NEVER GET ANYWHERE UNLESS THEY LEARN THE BASIC RULES AND CONCEPTS INVOLVED IN LANGUAGE, ARITHMETIC, AND READING. HE DOES NOT WORK DIRECTLY ON SOCIAL AND EMOTIONAL DEVELOPMENT BECAUSE HE BELIEVES THAT THE CHILDREN WILL DEVELOP POSITIVE SELF-CONCEPTS WHEN THEY EXPERIENCE SUCCESS IN LEARNING LANGUAGE, ARITHMETIC AND READING. HE CLOSELY SUPERVISES EACH CHILD IN THE CLASS. HE FEELS THAT GIVEN THE SMALL AMOUNT OF TIME HE HAS WITH THE CHILDREN, IT IS BETTER FOR THEM TO STUDY ACADEMIC SKILLS RATHER THAN SPEND THEIR TIME PLAYING. HE DIRECTS ALL OF THE LEARNING ACTIVITIES AND THE CHILDREN PARTICIPATE IN PRESCRIBED WAYS.

___CLASSROOM 4: MS. JOHNSON

MS. JOHNSON'S CLASSROOM IS FULL OF SELF-INSTRUCTING MATERIALS THAT ARE DESIGNED SO THAT THE CHILDREN CAN USE THEM ALONE. THE CHILDREN ARE FREE TO CHOOSE THE MATERIALS THEY WANT TO WORK WITH AND TO PACE THEIR OWN RATE OF LEARNING. MS. JOHNSON HAS NO PREPLANNED ACTIVITIES, BUT RATHER HAS PLANNED HER CLASSROOM IN SUCH A WAY THAT THE MATERIALS DO THE TEACHING AS THE CHILD PLAYS WITH THEM. MS. JOHNSON HAS A MODERATE LEVEL OF STRUCTURE IN HER CLASS. SHE WANTS THE CHILDREN TO LEARN TO LEARN RATHER THAN TO LEARN SOME SPECIFIC CONTENT.

___CLASSROOM 5: MS. WASHINGTON

MS. WASHINGTON USES MANY ACTIVITIES AND MATERIALS WHICH SHE FEELS WILL IMPROVE COGNITIVE OR INTELLECTUAL DEVELOPMENT. SHE IS ESPECIALLY INTERESTED IN HAVING THE CHILDREN DEVELOP ABILITIES IN CLASSIFICATION, SERIATION, NUMBER, MEASUREMENT, AND SPACE. THE CHILDREN IN MS. WASHINGTON'S CLASS PARTICIPATE IN MANY WELL PLANNED ACTIVITIES WHICH ARE DESIGNED TO STIMULATE MENTAL ACTIVITY. MS. WASHINGTON DESIGNS LESSONS WHICH REQUIRE THE CHILDREN TO MANIPULATE BOTH PHYSICALLY AND MENTALLY CONCRETE MATERIALS AND FACTS. THESE LEARNING SITUATIONS ARE SET UP TO GET REASONING RESPONSES FROM THE CHILD. MS. WASHINGTON THEN RESPONDS TO THE CHILD'S REASONING, ASKING FOR EXPLANATION OF THE CHILD'S ANSWERS AND GUIDING HIS USE OF THE MATERIALS. THE TASKS ARE STRUCTURED TO ENCOURAGE CHILDREN TO APPLY REASONING PROCESSES TO A VARIETY OF SITUATIONS RATHER THAN JUST LEARNING ROTE ANSWERS.

___NONE OF THESE CLASSROOMS, SINCE ALL OF THE ONES IN MY CENTER ARE DIFFERENT.

TEACHER INTERVIEW

SPRING 1979

FORM #	HS (1) BES (2)	SITE #	CENTER #	TEACHER #
☐☐	☐	☐☐	☐☐	☐☐

INTERVIEWER NAME _____

DATE OF INTERVIEW ____/____/____
MO. DAY YR.

SITE NAME _____

CENTER NAME _____

TEACHER NAME _____

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES IN WASHINGTON, D.C.——THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT SELECTED HEAD START PROGRAMS ACROSS THE COUNTRY:

- PROGRAM DIRECTORS
- CENTER DIRECTORS AND
- TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOUR SELF AND YOUR CLASS.

BEFORE I START THE INTERVIEW I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTANCE IN THIS STUDY.

PROGRAM STAFF CONSULTANT FORM
HEAD START/BASIC EDUCATIONAL SKILLS STUDY

NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707

Consultant's Name (print)_____
Position _____
Address _____
_____
Telephone _____
Social Security Number_____

I agree to serve as a consultant to NTS Research Corporation on the development of _____ interviews to be used in a study of Head Start/Basic Educational Skills programs.

I agree to be interviewed with a pilot version of either the Program Director Interview, Center Director Interview, or the Teacher Interview. I understand that my answers to the interview questions will help NTS improve the interview before it is used in the Head Start/Basic Educational Skills study as well as collect initial program information.

I have been told that the information from the interview with me will be confidential. Only authorized people will be allowed to see any of the interview records.

I will receive $10 for serving as a consultant to NTS Research Corporation.

_____ _____
Date Signature of Consultant

The consultant has responded to the (check one) _____ Program Director Interview, _____ Center Director Interview, or _____ Teacher Interview and will receive $10 from NTS Research Corporation.

_____ _____
Date Signature of Authorized NTS Employee

TIME STARTED____ AM
PM

SECTION A: BACKGROUND CHARACTERISTICS

1. DO YOU NOW OR HAVE YOU EVER HAD A CHILD IN HEAD START?

   yes. 01
   no . . . . . .02 *(Go to Q.3)*

2. DID YOU BEGIN WORKING WITH HEAD START AS A RESULT OF YOUR EXPERIENCE WITH HEAD START AS A PARENT?

   yes. 01
   no 02

3. WHAT IS YOUR DATE OF BIRTH?____/___/_____
   Month/Day/Year

4. WHAT IS THE HIGHEST GRADE YOU COMPLETED IN SCHOOL?

grade school	1	2	3	4	5	6	7	8
high school	9	10	11	12				
college	13	14	15	16				
graduate school	17+	*(If some graduate work, probe to find out if teacher completed a year or more)*						

If high school graduate or greater, go to Q.5, otherwise go to Q.6.

5. WHAT IS THE HIGHEST DEGREE YOU HAVE RECEIVED?

   high school 01
   GED 02
   CDA certificate 03
   associate degree (two year degree) . .04
   bachelor's degree (four year degree). .05
   master's degree 06
   Ph.D. 07
   other *(Specify)* _____ 08

   → WHAT WAS YOUR MAJOR?
   1._____
   2._____

6. DO YOU HAVE A CDA (CHILD DEVELOPMENT ASSOCIATE) CERTIFICATE?

   yes. 01
   no . . . . . .02 *(Go to Q.8)*

7. IN WHAT YEAR WERE YOU CERTIFIED?_____ *(Go to Q. 10)*
year

8. ARE YOU WORKING ON A CDA CERTIFICATE?

yes. 01
no . . . . . .02 *(Go to Q.10)*

9. IN WHAT YEAR DO YOU EXPECT TO BE CERTIFIED?

_____
year

10. ARE YOU CURRENTLY ENROLLED IN A FORMAL EDUCATION PROGRAM WHICH WILL LEAD TO A DEGREE OR DIPLOMA?

yes. 01
no . . . . . .02 *(Go to Q.14.)*

11. WHAT IS YOUR MAJOR FIELD OR AREA OF INTEREST?

_____

12. WHAT DIPLOMA OR DEGREE DO YOU EXPECT TO EARN?

high school. 01
GED. 02
CDA certificate. 03
associate degree (two year degree) 04
bachelor degree (four year degree) 05
master's degree 06
Ph.D. 07
other *(Specify)*_____ 08

13. WHEN DO YOU EXPECT TO RECEIVE THIS DEGREE OR DIPLOMA? _____/_____ *(Go to Q.17.)*
month/year

14. DO YOU PLAN TO ENROLL IN A FORMAL EDUCATION PROGRAM IN THE FUTURE WHICH WILL LEAD TO A DEGREE OR DIPLOMA?

yes. 01
no . . . . . .02 *(Go to Q.17)*

15. WHAT DEGREE OR DIPLOMA DO YOU EXPECT TO EARN?

high school. 01
GED. 02
CDA certificate. 03
associate degree (two year degree) 04
bachelor degree (four year degree) 05
master's degree. 06
Ph.D. 07
other *(Specify)* _____.08

16. IN WHAT FIELD OR SPECIALTY ARE YOU INTERESTED?

_____

17. DO YOU DELETE ANY LANGUAGE OTHER THAN ENGLISH?

yes 01
no . . . . . .02 *(Go to Q.21)*

18. WHAT OTHER LANGUAGE DO YOU SPEAK?

CIRCLE ALL THAT APPLY

Spanish 01
Any A- DELETE ...ian Language 02
O- ...cific Island 03
...pecify)
1. _____ 04
2. _____ 05
3. _____ 06

19. WHICH LANGUAGE DO YOU USUALLY SPEAK AT HOME?

English 01
Spanish 02
American Indian Langu- DELETE 03
Oriental/Pacific 04
other *(Specify)* _____ 05

20. WHICH [redacted] LANGUAGE DO YOU USE IN YOUR HEAD START CLASS?

CIRCLE ALL THAT APPLY

English 01
Spanish 02
American Indian Language 03
Oriental/Pacific Island 04
other *(Specify)* _____ 05

SECTION B: WORK EXPERIENCE

21. WHEN DID YOU START TO WORK AT THIS HEAD START PROGRAM EITHER AS A VOLUNTEER OR A PAID EMPLOYEE?

_____/_____
month/year

22. ARE YOU CURRENTLY WORKING AS A FULL-TIME EMPLOYEE AT HEAD START?

yes 01
no. 02

23. WHAT IS YOUR PRESENT JOB TITLE (OR JOB TITLE IF YOU HAVE MORE THAN ONE) AND APPROXIMATELY HOW MANY MONTHS HAVE YOU HAD THIS JOB(S)?

	JOB TITLES	APPROXIMATELY HOW MANY MONTHS HAVE YOU HAD THIS JOB?	WHAT IS THE TITLE OF THE PERSON WHO SUPERVISES YOU IN THIS JOB?	HOW MANY PEOPLE DO YOU SUPERVISE IN THIS JOB? *(If zero enter 0)*
01	Director			
02	Head teacher			
03	Teacher			
04	Teacher's Aide			
05	Education/ Curriculum coordinator			
06	Health coordinator			
07	Parent coordinator			
08	Health aide			
09	Nutritionist			
	other *(Specify)*			
10	1.			
11	2.			

(If more than one job is given, ask Q.24, 25 & 26 otherwise, go to Q.27.)

24. ARE ANY OF THE JOBS YOU MENTIONED TEMPORARY?

yes 01
no. . . . . 02 *(Go to Q.26.)*

25. WHICH JOB IS TEMPORARY? *(Enter title.)*

1._____
2._____

26. WHICH OF THE ABOVE JOBS DO YOU CONSIDER YOUR PRIMARY JOB?

_____ PRIMARY JOB.

27. HAVE YOU HAD ANY OTHER JOBS IN THIS PROGRAM?

yes. 01
no . . . . . .02 *(Go to Q.29.)*

28. WHAT WAS THE TITLE OF THE OTHER JOB(S) ?

(CIRCLE ALL THAT APPLY)

director 01
head teacher 02
teacher. 03
teacher's aide 04
education/curriculum coordinator 05
health coordinator 06
parent coordinator 07
health aide. 08
nutritionist 09
other *(Specify)*
1._____ 10
2._____ 11
3._____ 12

29. WE WOULD LIKE TO FIND OUT ABOUT THE RELATED WORK EXPERIENCE YOU HAVE HAD. I WILL READ YOU A LIST OF ORGANIZATIONS AND YOU TELL ME HOW MANY MONTHS OF WORK EXPERIENCE YOU HAVE HAD WITH THE ORGANIZATION EITHER AS A PAID EMPLOYEE OR AS A VOLUNTEER: FOR EXAMPLE, YOU HAVE BEEN WORKING AT THIS PROGRAM SINCE _____/_____ *(see Q.21)* SO THAT WOULD BE ABOUT _____ MONTHS AND YOUR JOB TITLE IS TEACHER.

HAVE YOU EVER WORKED AT: ORGANIZATION	NO	YES	WHAT WAS YOUR JOB TITLE?	ABOUT HOW MANY MONTHS DID YOU WORK THERE?
ANY OTHER HEAD START	02	01	_____	_____
PRESCHOOL OTHER THAN HEAD START	02	01	_____	_____
KINDERGARTEN	02	01	_____	_____
GRADES ONE THROUGH SIX	02	01	_____	_____
GRADES FOUR THROUGH SIX	02	01	_____	_____
SECONDARY SCHOOL	02	01	_____	_____
ANY OTHER RELATED JOBS (02.01) *(Specify)*				
1_____			_____	_____
2_____			_____	_____

30. DURING A [illegible] DELETE [illegible] HOW MANY HOURS A WEEK DO YOU WORK AT T[illegible] [illegible] PROGRAM?

_____number of hours per week

31. WHAT ARE YOUR WORKING HOURS AT HEAD START?

Monday . . .	_____	:	to	: _____
Tuesday . . .	_____	:	to	: _____
Wednesday . .	_____	:	to	: _____
Thursday . .	_____	:	to	: _____
Friday	_____	:	to	: _____

SECTION C: SCHEDULING

LET'S TALK ABOUT YOUR SCHEDULE FOR A FEW MINUTES. YOU HAVE TOLD ME ABOUT YOUR WORKING HOURS, NOW I'D LIKE TO FIND OUT ABOUT HOW YOU ACCOMPLISH ALL THAT YOU MUST DO WITHIN THOSE HOURS. I'D LIKE TO BEGIN BY ASKING YOU TO TELL ME WHAT KINDS OF THINGS YOU DO ON A DAY TO DAY BASIS.

LET'S BEGIN WITH YOUR FIRST DAY EACH WEEK.

o WHAT TIME TO YOU ARRIVE?

(Interviewer: Begin coding on the matrix at this time. Prompt the teacher to give you her entire schedule for that first day usually Monday.)

The matrix uses these categories:

- Teacher Directed Instructions - Activities in which the teacher is demonstrating to the children, asking them questions or describing something to them. This includes times such as 'circle time', 'small group time', etc. ASK THE TEACHER WHAT SHE IS DOING DURING PARTICULAR TIMES IF YOU ARE UNCLEAR THAT THEY ARE TEACHER DIRECTED TIMES.

- Child Selected - Activity times when the children are free to choose materials or toys to play with. This includes 'free play', 'outdoor play time', etc. During these times, the teacher is not directly interacting with the children other than to direct them to choose an activity. She is not demonstrating, asking questions, reading to them, etc.

- Caregiving - toileting, dressing, undressing, brushing teeth, taking care of the room, setting up, etc.

- Feeding - breakfast, lunch, snacks.

- Nap - nap time

- Planning Time - Time the teacher sets aside for writing or preparing her lesson plans.

For each 15 minute period check an appropriate response. In some cases, there may be two checks, for example, "planning" and "nap time", the teacher may write her lesson plans while the children nap, or the teacher may be working individually with children while the others are in child-selected activities therefore both Teacher Directed and Child Selected are checked.

o ARE THE OTHER DAYS JUST LIKE THIS ONE?
If so, check all the appropriate squares.

If not, ask the teacher:

o HOW DO OTHER DAYS DIFFER?

(Check those times which differ only. Later go back and fill in all the squares which are the same.)

e	activity	teacher di	child sele	caregiving	feeding	planning	nap
		01	02	03	04	05	06
0-7:15							
5-7:30							
0-7:45							
5-8:00							
0-8:15							
5-8:30							
0-8:45							
5-9:00							
0-9:15							
5-9:30							
0-9:45							
5-10:00							
00-10:15							
15-10:30							
30-10:45							
45-11:00							
00-11:15							
15-11:30							
30-11:45							
45-12:00							
00-12:15							
15-12:30							
30-12:45							
45-1:00							
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5-3:30							
0-3:45							
5-4:00							
0-4:15							
5-4:30							
0-4:45							
5-5:00							
0-5:15							
5-5:30							
0-5:45							
5-6:00							
AL TIME				XX	XX	XX	XX

(enter in Q 68 + 69) teacher directed time per week= _____ / days X _____ teacher directed = _____

child selected time per week = _____ / days X _____ child selected = _____

33. THERE MAY BE A NUMBER OF ACTIVITIES THAT YOU PERFORM IN YOUR JOB THAT DO NOT OCCUR ON THIS WEEKLY SCHEDULE I'D LIKE TO ASK SOME SPECIFIC QUESTIONS ABOUT THESE THINGS.

IN THE LAST MONTH, ABOUT HOW MANY HOURS DID YOU SPEND IN THE FOLLOWING ACTIVITIES: • *(IF NONE ENTER o IN HOURS AND CONTINUE TO NEXT CATEGORY).*		DO YOU HAVE A REGULARLY SCHEDULED TIME FOR THIS ACTIVITY	
		YES	NO
TALKING WITH PARENTS INDIVIDUALLY AT THE CENTER?	_____HOURS	01	02
ATTENDING PARENT MEETINGS?	_____HOURS	01	02
TALKING WITH OTHER STAFF ABOUT INDIVIDUAL PARENTS OR CHILDREN?	_____HOURS	01	02
MEETING WITH PROGRAM COORDINATORS IN A GROUP SETTING? (E.G. EDUCATION COORDINATOR)	_____HOURS	01	02
TALKING WITH PROGRAM COORDINATORS INDIVIDUALLY?	_____HOURS	01	02
PROVIDING SOCIAL SERVICES, FOR EXAMPLE, MAKING PHONE CALLS FOR REFERRALS TO A SOCIAL SERVICE AGENCY?	_____HOURS	01	02
PROVIDING HEALTH SERVICES, FOR EXAMPLE, ASSISTING PARENTS TO GET MEDICAL OR DENTAL SERVICES FOR THEIR CHILD?	_____HOURS	01	02
DRIVING CHILDREN OR PARENTS TO HEAD START OR TO HEAD START ACTIVITIES?	_____HOURS	01	02
GIVING TRAINING IN A GROUP SETTING?	_____HOURS	01	02
GIVING TRAINING IN A ONE TO ONE SITUATION?	_____HOURS	01	02
PERFORMING ADMINISTRATIVE TASKS OR PAPERWORK?	_____HOURS	01	02
MAKING HOME VISITS?	_____HOURS	01	02

B-66

II.8

NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT HOME VISITS, YOUR CLASSROOM ACTIVITIES AND YOUR HEAD START TRAINING.

34. HOW OFTEN DO YOU VISIT EACH OF YOUR HEAD START FAMILIES?

never. . . . . .01 *(Go to Q.38.)*
weekly 02
every two weeks.03
monthly. 04
every two months 05
less than every two months . .06

35. WHAT IS THE MAJOR PURPOSE OF THE HOME VISITS THAT YOU MAKE? *(hand teacher the response sheet).*

TO BECOME ACQUAINTED WITH THE PARENTS. 01
TO OBTAIN AN UNDERSTANDING OF THE CHILD'S HOME SITUATION. 02
TO TELL THE PARENTS HOW THEIR CHILD IS DOING IN CLASS. 03
TO TEACH THE PARENTS HOW TO WORK WITH THE CHILD AT HOME. 04
TO HELP THE PARENTS OBTAIN SOCIAL OR MEDICAL SERVICES 05
OTHER *(Specify.)* 1._____ 06

36. ABOUT HOW OFTEN DO YOU LEAVE BOOKS OR MATERIALS WITH THE PARENTS?

never. . . . . 01 *(Go to Q.38.)*
every visit 02
every other visit. . . . 03
not that often 04

37. DO YOU EXPLAIN TO PARENTS HOW THEY CAN USE THESE BOOKS OR MATERIALS AT HOME TO HELP THEIR CHILD LEARN?

yes 01
no 02

SECTION E: PLANNING

38. I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT THE TIME YOU SPEND PLANNING CLASSROOM ACTIVITIES. WHO PLANS THE ACTIVITIES FOR YOUR CLASS? WOULD YOU SAY: (Teacher response sheet)

DELETE

YOU PLAN THE ACTIVITIES AND ONE REVIEWS THEM. 01
YOU PLAN THE ACTIVITIES AND THE EDUCATION COORDINATOR OR THE DIRECTOR REVIEWS THEM 02
THE EDUCATION COORDINATOR PLANS THE ACTIVITIES AND GIVES YOU THE PLANS WHICH ARE TO BE FOLLOWED 03
THE EDUCATION COORDINATOR PLANS THE ACTIVITIES AND GIVES YOU THE PLANS WHICH ARE ONLY SUGGESTIONS TO YOU. 04
YOU DO NOT USE A PLAN . . . . . .05 *Go to Q*
other *(Specify.)* _____ 06

39. ARE YOUR ACTIVITIES PLANS WRITTEN OR

yes 01
no. 02

DELETE

40. WHAT TIME PERIOD DO THE PLANS COVER? THAT IS, ARE THE PLANS DAILY, WEEKLY, MONTHLY, ETC

daily 01
week. 02
every two weeks. . .03
monthly. 04
other *(Specify)*
_____ .05

41. AT WHAT LEVEL ARE THE MAJORITY OF YOUR PLANS DEVELOPED? *(circle one)*

CLASSROOM. 01
SMALL GROUPS OF CHILDREN . . .02
INDIVIDUAL CHILD 03
other *(Specify)*

DELETE

42. DO YOU HAVE A REGULARLY SCHEDULED TIME FOR PLANNING CLASSROOM ACTIVITIES?

yes . . .01
no 02

43. ABOUT HOW MUCH TIME DURING A WEEK DO YOU SPEND PLANNING CLASSROOM ACTIVITIES, INCLUDING LESSON PLANS?

_____ / _____
hours / minutes

44. ABOUT HOW MUCH OF THIS TIME PER WEEK SPENT PLANNING CLASSROOM ACTIVITIES WITH OTHER STAFF MEMBERS? *(go to Q 46)*

DELETE

none . . . . . *(go to Q.46.)*

_____ / _____
hours minutes

45. WHO ARE THE OTHER STAFF MEMBERS WHO ST YOU IN PLANNING CLASSROOM ACTIVITIES? *(Circle all th y.)*

DELETE

TEACHERS. . . .	01
PROGRAM COORD	02
YOUR AIDE	03
DIRECTO	04
PARE	05
oth. specify)_____	06

SECTION F: TRAINING

NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT PRESERVICE TRAINING AND INSERVICE TRAINING PROVIDED BY HEAD START. LET'S BEGIN WITH THE PRESERVICE TRAINING. (THE TRAINING WHICH TOOK PLACE BEFORE THE CENTER WAS OPEN TO CHILDREN.)

46. HAVE YOU ATTENDED ANY PRESERVICE TRAINING SESSIONS THIS SCHOOL YEAR?

yes. 01
no. . . . . .02 *(Go to Q.54.)*

47. FOR THIS SCHOOL YEAR, HOW MANY DAYS TOTAL HAVE YOU SPENT IN PRESERVICE TRAINING?

_____total number of days

48. YOU TOLD ME YOU HAVE ATTENDED _____DAYS OF PRESERVICE TRAINING. ABOUT HOW MANY TOTAL HOURS WOULD YOU SAY THIS INVOLVED?

_____total number of hours

(Enter in Q.49.)

49. DELETE

OUT HOW THE TRAINING SESSIONS WERE ER AND TOPICS WERE DISCUSSED.

HOW WERE THE PRESERVICE TRAINING SESSIONS CONDUCTED?	No	Yes	OF THE ____ HOURS ABOUT HOW MANY WERE DEVOTED TO _____
A. LECTURES	.02	01	_____ hrs. _____ mins
B. PREPARATION OF CLASSROOM MATERIALS	.02	01	_____ hrs. _____ mins
C. GROUP DISCUSSIONS	.02	01	_____ hrs. _____ mins
D. ONE TO ONE SUPERVISOR TO TEACHER TRAINING	.02	01	_____ hrs. _____ mins
E. other *(specify)*			
1. _____	.02	01	_____ hrs. _____ mins
2. _____	.02	01	_____ hrs. _____ mins

WERE THE FOLLOWING TOPICS OR AREAS DISCUSSED?

F. PROBLEMS REGARDING INDIVIDUAL CHILDREN OR FAMILIES	.02	01	_____ hrs. _____ mins
G. STAFF OR CENTER PROBLEMS	.02	01	_____ hrs. _____ mins
H. ADMINISTRATIVE METHODS	.02	01	_____ hrs. _____ mins
I. PLANNING CLASSROOM ACTIVITIES	.02	01	_____ hrs. _____ mins
J. COMPLETING ADMINISTRATIVE PAPERWORK	.02	01	_____ hrs. _____ mins
K. HEALTH ISSUES	.02	01	_____ hrs. _____ mins
L. PARENT INVOLVEMENT	.02	01	_____ hrs. _____ mins
M. GENERAL PROGRAM OPERATIONS	.02	01	_____ hrs. _____ mins
N. SERVICE TO THE HANDICAPPED	.02	01	_____ hrs. _____ mins
O. SOCIAL SERVICE	.02	01	_____ hrs. _____ mins
P. BILINGUAL/BICULTURAL TRAINING	.02	01	_____ hrs. _____ mins
Q. TEACHING METHODS	.02	01	_____ hrs. _____ mins

WHAT TOPICS WERE DISCUSSED?

1. _____ ..... _____ hrs. _____ mins.
2. _____ ..... _____ hrs. _____ mins.
3. _____ ..... _____ hrs. _____ mins.

R. TEACHING MATERIALS	.02	01	_____ hrs. _____ mins.

WHAT KIND OF TEACHING MATERIALS?

1. _____ ..... _____ hrs. _____ mins.
2. _____ ..... _____ hrs. _____ mins.
3. _____ ..... _____ hrs. _____ mins.

S. CLASSROOM ACTIVITIES	.02	01	_____ hrs. _____ mins.

WHAT KIND OF CLASSROOM ACTIVITIES?

1. _____ ..... _____ hrs. _____ mins.
2. _____ ..... _____ hrs. _____ mins.
3. _____ ..... _____ hrs. _____ mins.

For BES Only T. BES GUIDELINES	.02	01	_____ hrs. _____ mins.	
	NOT BES		03	

50. CAN YOU THINK OF ANY OTHER S[illegible] MATTER OR TOPICS WHICH WERE DISCUSSED AT THE PRESERVIC[illegible] NG?

yes . . . . .
no . . . . DELETE *(Go to Q.52.)*

51. PLEASE DESCRIBE [illegible] TIONAL SUBJECT MATTER OR TOPICS WHICH WERE DISCUSSED

Subject/T[illegible]	ABOUT HOW MANY HOURS WERE DEVOTED TO THIS AREA?
1. _____	_____HRS._____MIN.
2. _____	_____HRS._____MIN.
3. _____	_____HRS._____MIN.
4. _____	_____HRS._____MIN.
5. _____	_____HRS._____MIN.

52. WHO CONDUCTED THE PRESERVICE TRAINING SESSIONS YOU ATTENDED?

CIRCLE ALL THAT APPLY

center director/Head [illegible]irector. 01
teaching staff 02
program speciali[illegible] educational coordinator
parent coordinator. 03
outside spec[illegible] DELETE e.g. psychologists, child development specialists . .04
regional [illegible]onsultants 05
Head S[illegible] [illegible]ining and Technical Assistance Agency.06
publ[illegible] [illegible] staff. 07
oth[illegible] *ify)* 1._____ 08
2._____ 09
3._____ 10

53. IN GENERAL, HOW SATISFIED ARE YOU WITH THE PRESERVICE TRAINING SESSIONS YOU ATTENDED IN REGARD TO WHAT WAS TAUGHT AND HOW YOU WERE TAUGHT.

	EXTREMELY SATISFIED	VERY SATISFIED	SOMEWHAT SATISFIED	NOT SATISFIED
REGARDING WHAT WAS TAUGHT WOULD YOU SAY YOU WERE	01	02	03	04
REGARDING HOW YOU WERE TAUGHT WOULD YOU SAY YOU WERE	01	02	03	04

NOW THAT WE'VE DISCUSSED PRESERVICE TRAINING, WE WOULD LIKE SOME INFORMATION ON INSERVICE TRAINING THAT YOU MAY HAVE RECEIVED DURING THE LAST MONTH.

54. INSERVICE TRAINING MAY TAKE MANY FORMS, ONE OF THE FORMS IS THROUGH STAFF TRAINING MEETINGS OR STAFF TRAINING DAYS. IN THE PAST MONTH, HAVE YOU ATTENDED ANY INSERVICE TRAINING SESSIONS?

yes. 01
no . . . . . .02 *(Go to Q.63.)*

55. DURING THE PAST MONTH, HOW MANY INSERVICE TRAINING SESSIONS HAVE YOU ATTENDED?

none 00

_____number of sessions

56. ABOUT HOW MANY HOURS DID YOU SPEND IN THESE _____TRAINING SESSIONS?

_____number of hours

57. DELETE

...OUT HOW THE INSERVICE TRAINING
... SUBJECT AREA OR TOPICS WERE TAUGHT.

HOW WERE THE INSERVICE TRAINING SESSIONS CONDUCTED?	No	Yes	OF THE ___ HOURS HOW MANY WERE DEVOTED TO
A. LECTURES	.02	01	_____ hrs. _____ min
B. PREPARATION OF CLASSROOM MATERIALS	.02	01	_____ hrs. _____ min
C. GROUP DISCUSSIONS	.02	01	_____ hrs. _____ min
D. ONE TO ONE SUPERVISOR TO TEACHER TRAINING	.02	01	_____ hrs. _____ min
E. other *(specify)*			
1. _____	.02	01	_____ hrs. _____ min
2. _____	.02	01	_____ hrs. _____ min
WERE THE FOLLOWING TOPICS OR AREAS DISCUSSED?			
F. PROBLEMS REGARDING INDIVIDUAL CHILDREN OR FAMILIES	.02	01	_____ hrs. _____ min
G. STAFF OR CENTER PROBLEMS	.02	01	_____ hrs. _____ min
H. ADMINISTRATIVE METHODS	.02	01	_____ hrs. _____ min
I. PLANNING CLASSROOM ACTIVITIES	.02	01	_____ hrs. _____ min
J. COMPLETING ADMINISTRATIVE PAPERWORK	.02	01	_____ hrs. _____ min
K. HEALTH ISSUES	.02	01	_____ hrs. _____ min
L. PARENT INVOLVEMENT	.02	01	_____ hrs. _____ min
M. GENERAL PROGRAM OPERATIONS	.02	01	_____ hrs. _____ min
N. SERVICE TO THE HANDICAPPED	.02	01	_____ hrs. _____ min
O. SOCIAL SERVICE	.02	01	_____ hrs. _____ min
P. BILINGUAL/BICULTURAL TRAINING	.02	01	_____ hrs. _____ min
Q. TEACHING METHODS	.02	01	_____ hrs. _____ min
WHAT TOPICS WERE DISCUSSED?			
1. _____			_____ hrs. _____ min
2. _____			_____ hrs. _____ min
3. _____			_____ hrs. _____ min
R. TEACHING MATERIALS	.02	01	_____ hrs. _____ min
WHAT KIND OF TEACHING MATERIALS?			
1. _____			_____ hrs. _____ min
2. _____			_____ hrs. _____ min
3. _____			_____ hrs. _____ min
S. CLASSROOM ACTIVITIES	.02	01	_____ hrs. _____ min
WHAT KIND OF CLASSROOM ACTIVITIES?			
1. _____			_____ hrs. _____ min
2. _____			_____ hrs. _____ min
3. _____			_____ hrs. _____ min
For BES Only T. BES GUIDELINES	.02	01	_____ hrs. _____ min
NOT BES		03	

58. CAN YOU THINK OF ANY OTHER SUBJECT MATTER OR TOPICS WHICH WERE DISCUSSED AT THE INSERVICE TRAINING SESSIONS?

yes 1
no 2

59. PLEASE DESCRIBE THE SUBJECT MATTER OR TOPICS WHICH WERE DISCUSSED

DELETE

Subject/Area	HOW MANY HOURS WERE DEVOTED TO THIS AREA?
1. _____	_____ hrs. _____ mins.
2. _____	_____ hrs. _____ mins.
3. _____	_____ hrs. _____ mins.
4. _____	_____ hrs. _____ mins.
5. _____	_____ hrs. _____ mins.

60. WHO USUALLY CONDUCTS THE INSERVICE TRAINING SESSIONS?

CIRCLE ALL THAT APPLY

DELETE

	A WHO USUALLY CONDUCTS?	B WHO CONDUCTED THE MOST RECENT TRAINING SESSION?
director	01	01
teaching staff . . .	02	02
program specialist (education, psychological, regional Head Start, Assistant Agency and Technical public staff	03	03
	04	04
	05	05
	06	06
	07	07
other *(Specify)* 1. _____	08	08
2. _____	09	09
3. _____	10	10

61. WHO CONDUCTED THE MOST RECENT INSERVICE TRAINING SESSION? *(Circle the corresponding number in Column B above.)*

DELETE

62. IN GENERAL, HOW SATISFIED ARE YOU WITH THE INSERVICE SESSIONS IN REGARD TO WHAT WAS TAUGHT AND HOW IT WAS TAUGHT?

	EXTREMELY SATISFIED	VERY SATISFIED	SOMEWHAT SATISFIED	NOT SATISFIED
REGARDING WHAT WAS TAUGHT WOULD YOU SAY YOU WERE	01	02	03	04
REGARDING HOW YOU WERE TAUGHT WOULD YOU SAY YOU WERE	01	02	03	04

63. • HERE ARE DESCRIPTIONS OF FIVE CLASSES WHICH TELL YOU HOW EACH OF THESE TEACHERS TEACHES. I WOULD LIKE YOU TO READ THESE DESCRIPTIONS AND TELL ME WHICH ONE SOUNDS MOST LIKE YOUR OWN STYLE OF TEACHING. PLEASE TAKE YOUR TIME WHILE I FINISH CODING SOME OF THE INFORMATION YOU HAVE ALREADY GIVEN ME.

(Interviewer: Use this time to determine teacher directed time and child directed time from the daily schedule on page 8. Be sure to enter this time on page 20 directly above Q.68.)

class 1. 01
class 2. 02
class 3. 03
class 4. 04
class 5. 05

64. TEACHERS MAY EMPHASIZE DIFFERENT THINGS IN THEIR TEACHING. PLEASE RANK EACH OF THE FOLLOWING AREAS AS TO WHICH ONES YOU EMPHASIZE IN YOUR OWN TEACHING.

(Rank them with 1 being the most emphasized and 7 being the least emphasized.)

01 SENSORY MOTOR DEVELOPMENT. . . . . .____
02 LANGUAGE DEVELOPMENT . . . . . .____
03 GROUP AND SOCIAL SKILLS DEVELOPMENT. . . . . .____
04 CONCEPT DEVELOPMENT. . . . . .____
05 ACADEMIC SKILLS DEVELOPMENT. . . . . .____
06 SELF-ESTEEM DEVELOPMENT. . . . . .____
07 MOTIVATIONAL DEVELOPMENT . . . . . .____

(This will be on a separate sheet to be handed to teachers).

Classroom 1: Mrs. Green

Mrs. Green's class is very open. The activities she uses with her children are determined by what she sees the children need. She does not use any preplanned sequenced activities, because she wants to concentrate on the "whole child" and his needs. This means that her teaching is directed toward intellectual, language, sensorimotor and socio-emotional development at the same time that she is trying to help the children develop a sense of well-being. She uses no written set of behavioral objectives, because the focus of her classroom changes day by day with what she sees the children need on any particular day.

Classroom 2: Mrs. Jones

Mrs. Jones plans learning activities which are designed to reach specific goals for the children. Mrs. Jones writes these specific goals by assessing the strengths and weaknesses of individual children in her class. She develops and follows a daily plan. She works hard on developing language skills, motor skills, reasoning skills, and social skills. Mrs. Jones selects and organizes the activities within a somewhat structured setting. The materials she uses are often developmentally sequenced and offer guidelines for her teaching.

Classroom 3: Mr. Smith

Mr. Smith has a very structured classroom. He believes that the children in his class will never get anywhere unless they learn the basic rules and concepts involved in language, arithmetic, and reading. He does not work directly on social and emotional development because he believes that the children will develop positive self-concepts when they experience success in learning language, arithmetic and reading. He closely supervises each child in the class. He feels that given the small amount of time he has with the children, it is better for them to study academic skills rather than spend their time playing. He directs all of the learning activities and the children participants in prescribed ways.

Classroom 4: Ms. Johnson

Ms. Johnson's classroom is full of self-instructing materials that are designed so that the children can use them alone. The children are free to choose the materials they want to work with and to pace their own rate of learning. Ms. Johnson has no proplanned activities, but rather has planned her classroom in such a way that the materials do the teaching as the child plays with them. Ms. Johnson has a moderate level of structure in her class. She wants the children to learn rather than to lear- some specific content.

Classroom 5: Ms. Washington

Ms. Washington uses many activities and materials which she feels will improve cognitive or intellectual development. She is expecially interested in having the children develop abilities in classification, seriation, number, measurement, and space. The children in Ms. Washington's class participate in many well planned activities which are designed to stiwulate mental activity. Ms. Washington designs lessons which require the children to manipulate both physically and mentally concrete materials and facts. These learning situations are set up to get reasoning responses from the child. Ms. Washington then responds to the child's reasoning, asking for explanation of the child's answers and guiding his use of the materials. The tasks are structured to encourage children to apply reasoning processes to a variety of situations rather than just learning rote answers.

65. NOW THAT YOU HAVE TOLD ME ABOUT YOUR TEACHING STYLE OR APPROACH IN THE CLASSROOM I WOULD LIKE TO FIND OUT ABOUT SOME OF THE MATERIALS RESOURCES OR CURRICULUM GUIDES YOU MIGHT USE.

WHAT ARE THE PRIMARY RESOURCE MATERIALS, CURRICULUM GUIDES OR KITS YOU USE TO DEVELOP AND PLAN YOUR CURRICULUM?

circle all that apply — *For each circled response ask Q.65a.*

Uses own Curriculum	01	*(Go to Q 65)*
Early Childhood Discovery Materials (Bank Street College)	02	_____hrs._____min.
An Activities Handbook for Teachers of Young Children (Croft and Hess)	03	_____hrs._____min.
The New Nursery School (Nimmicht)	04	_____hrs._____min.
Early Chiodhood Curriculum: Piaget Program (Weikart)	05	_____hrs._____min.
Cognitively Oriented Curriculum (Weikart)	06	_____hrs._____min.
Inquisitive Games: Discoveing how to Learn	07	_____hrs._____min.
Inquisitive Games: Exploring Number and Space	08	_____hrs._____min.
GOAL: Language Development (Karnes)	09	_____hrs._____min.
GOAL: Math (Karnes)	10	_____hrs._____min.
Peabody Language Development kit	11	_____hrs._____min.
PEEK Kit	12	_____hrs._____min.
Frostig Perceptual Motor Program	13	_____hrs._____min.
Learning to Think (Thurstone)	14	_____hrs._____min.
Learning Accomplishment Profile LAP (Sanford)	15	_____hrs._____min.
Portage Project	16	_____hrs._____min.
Memphis Program	17	_____hrs._____min.
DISTAR: Language	18	_____hrs._____min.
DISTAR Reading	19	_____hrs._____min.
DISTAR Math	20	_____hrs._____min.
Alpha Time	21	_____hrs._____min.
Readiness Programs	22	_____hrs._____min.
Other *(specify)*		
1._____	23	_____hrs._____min.
2._____	24	_____hrs._____min.
3._____	25	_____hrs._____min.
4._____	26	_____hrs._____min.

(For each response code 02 through 26 circled in Q.65 ask Q.65.A.)

65.A. ABOUT HOW [DELETE] AT IN A WEEK DO YOU DEVOTE TO _____(material)?

(Enter total minutes by the corresponding circled code in Q.65.)

66. DO YOU DECIDE WHICH TEACHING APPROACH AND MATERIALS TO USE OR DO YOU RECEIVE ASSISTANCE FROM SOMEONE ELSE?

teacher decides alone. . . . . .01 *(Go to Q.68.)*
teacher has assistance 02

67. WHO ELSE IS INVOLVED IN THIS DECISION?

CIRCLE ALL THAT APPLY

director. 01
education coordinator 02
head teachers 03
teachers. 04
aides. 05
parents 06
public school staff 07
other *(Specify.)* 1._____. .08
2._____. .09
3._____. .10

68. *(Interviewer: In the following questions you will use the figures for teacher-directed time and child-selected time that you got from the daily schedule on page 8.)*

teacher _____ minutes per [illegible]k *(Enter in Q.68 and 69)*
child _____ minutes p[illegible] *(Enter in Q.70)*

ACCORDING TO THE DA[illegible] WE COMPLETED EARLIER, YOU SPEND ABOUT __ [illegible]RECTING THE CHILDREN IN TEACHING ACT[illegible] OF THESE MINUTES ARE SPENT ON: (F[illegible] *one, enter 0 on the corresponding . will work with the teacher to determine n time to indicate for each area listed here.)*

DELETE

minutes per week

LANGUAGE [illegible]PMENT . . . . . ____
READING/PR[illegible]EADING . . . . . ____
WRITING. . . . . ____
MATH/NUMBERS . . . . . ____
SCIENCE/PROBLEM SOLVING. . . . . ____
ART/MUSIC. . . . . ____
SMALL MUSCLE DEVELOPMENT . . . . ____
LARGE MUSCLE DEVELOPMENT . . . . ____

69. WHEN YOU ARE DIRECTING THE CHILD[illegible] IN TEACHING ACTIVITIES, ABOUT HOW MANY OF THE _____MINUTES [illegible] *(If 0 enter 0)*

WORK WITH THE CLASS AS [illegible] _____minutes
WORK WITH THE CLASS [illegible] _____minutes
WORK WITH CHILDR[illegible] _____minutes

DELETE

70. ACCORDING TO THE DAILY ACTIVI[TY] [COMPLE]TED EARLIER YOU ALSO ALLOW ABOUT _____ MI[NUTES] [MORE] OR LESS CHOOSE THEIR AC[TIVITIES] [FOR] WOULD THE CHILD *(If [0 enter 0])* DELETE *[teacher response sheet)*

BE WOR[KING] [WI]TH AN ADULT? _____ minutes per week
BE WO[RKING] [WI]TH CHILDREN IN SMALL GRO[UPS]? _____ minutes per week
BE WORK[ING] [WI]TH ALL THE CHILDREN IN THE SAME A[CTIVI]TY? _____ minutes per week

71. ABOUT HOW MUCH TIME DURING THE DAY DOES SOMEONE READ TO THE CHILDREN? *(If 0 enter 0)*

_____ minutes

72. WHEN YOU ARE WORKING ON THE INDIVIDUAL NEEDS OF A CHILD, WHICH ONE OF THE FOLLOWING ACTIVITIES DO YOU DO MOST OFTEN? *(hand teacher response sheet)*

DO YOU:	YES	NO
JOIN THE CHILD AND WORK ON THE ACTIVITY HE IS ALREADY ENGAGED IN?	.01	02
TAKE THE CHILD ASIDE AND WORK ON A PARTICULAR ACTIVITY OR SKILL IN WHICH HE NEEDS HELP?	.01	02
PROVIDE THE CHILD WITH INDIVIDUAL MATERIALS OR PROCEDURES THAT HE CAN USE WITHIN THE LARGE GROUP ACTIVITIES? . . .	.01	02
GROUP CHILDREN INTO SMALL GROUPS ALL OF WHOM NEED THE SAME KIND OF HELP?	.01	02

73. DO YOU DEVELOP INDIVIDUAL MATERIA[LS] [TO] BE USED WITH CHILDREN WHO NEED INDIVIDUAL HELP?

yes . . . . . .
no . . . . . .

74. HOW DO YOU USUALL[Y] [KNOW] WHEN A CHILD NEEDS INDIVIDUAL ATTENTION? DELETE

u[nknown] 01
usu[ally] [by] observation from classroom activities . . . 02
base[d on] [the] age of the child 03
based [on] [an] assessment of the child's developmental levels 04
other *(specify)* _____ 05

75. ABOUT HOW OFTEN DOES AN ADULT WORK [WI]TH AN INDIVIDUAL CHILD? WOULD YOU SAY:

DAILY . . . . . .
2 - 3 TIMES A [WEEK]
WEEKLY. .
ONCE EV[ERY] [TWO WEEKS]

76. ABOUT HOW M[UCH] [TIME] [IS] OF THE INDIVIDUAL CHILD SESSIONS LAST? DELETE

_____ minutes

77. Question 77 was deleted.

78. I WILL READ YOU A [illegible]
LIKE FOR YOU [illegible]
MOST OFTEN
GROUPINGS. F
FOR THE CONTE

DELETE

EACH CONTENT AREA I WOULD
; OF CHILDREN YOU WOULD
ND THEN THE TYPES OF
ONE YOU MOST OFTEN USE

(Interviewer: read the content area and then the groupings. Circle the grouping which the teacher most often uses. Only one circle to a line.)

(hand teacher response sheet)

	LET THE CHILDREN SELECT	PLACE THE CHILDREN BY AGE	PLACE THE CHILDREN BY OVERALL ABILITY	PLACE THE CHILDREN BY PARTICULAR NEED	TEACH THE CLASS IN A WHOLE GROUP	TEACH INDIVIDUAL CHILDREN
LANGUAGE DEVELOPMENT	01	02	03	04	05	06
READING/PREREADING	01	02	03	04	05	06
MATH/NUMBERS	01	02	03	04	05	06
SCIENCE/PROBLEM SOLVING	01	02	03	04	05	06
ART/ MUSIC	01	02	03	04	05	06
SMALL MUSCLE DEVELOPMENT	01	02	03	04	05	06
LARGE MUSCLE DEVELOPMENT	01	02	03	04	05	06

79. AT THE BEGINNING OF THE SCHOOL YEAR, HOW DO YOU FIND OUT ABOUT THE DEVELOPMENTAL LEVELS OF EACH CHILD IN YOUR CLASS?

CIRCLE ALL THAT APPLY

informal observation. 01
discussion with parents 02
discussion with program staff 03
look at child's records 04
administer criterion referenced checklist . . .05
refer for testing. 06
administer diagnostic measures. 07
informal assessment devices 08

(If response 07 or 08 is circled, go to Q. 80; otherwise go to Q. 81.)

80. WHICH DIAGNOSTIC MEASURES DO YOU USE?

CIRCLE ALL THAT APPLY

Denver Developmental Screening Test (DDST).....01
Peabody Picture Vocabulary Test (PPVT).....02
Learning Accomplishment Profile (LAP).....03
Portage Guide to Early Education.....04
Santa Clara Inventory of Development (IOD).....05
School before Six.....06
other *(specify)*
1. _____.....07
2. _____.....08
3. _____.....09

81. DURING THE YEAR, DO YOU ALSO ASSESS THE CHILDREN'S DEVELOPMENTAL PROGRESS?

yes. 01
no . . . . . .02 *(Go to Q. 83.)*

82. WHAT INSTRUMENTS DO YOU USE TO ASSESS THE CHILDREN'S DEVELOPMENTAL PROGRESS?

(Circle all that apply)	daily	at least weekly	at least monthly	2 times/year
01.. Denver Developmental Screening Test (DDST)	01	02	03	04
02.. Peabody Picture Vocabulary Test (PPVT)	01	02	03	04
03.. Learning Accomplishment Profile (LAP)	01	02	03	04
04.. Protage Guide to Early Education	01	02	03	04
05.. Santa Clara Inventory of Development (IOD)	01	02	03	04
06.. School before Six	01	02	03	04
other (specify)				
07... 1._____	01	02	03	04
08... 2._____	01	02	03	04
09... 3._____	01	02	03	04

(For any of the responses which are circled in Question 82, ask Question 82a.)

82a. HOW OFTEN DO YOU USUALLY USE THIS INSTRUMENT?

(Circle the appropriate response category in Question 82.)

SECTION G: ATTITUDES

83. I AM GOING TO READ SOME STATEMENTS TO YOU THAT OTHER TEACHERS HAVE MADE. I WOULD LIKE YOU TO TELL ME IF YOU STRONGLY AGREE, AGREE MILDLY, ARE NOT SURE, DISAGREE MILDLY OR STRONGLY DISAGREE WITH EACH OF THEM. THERE IS NO RIGHT OR WRONG ANSWER. WE'D JUST LIKE TO KNOW HOW YOU FEEL. HERE ARE A LIST OF STATEMENTS WHICH TEACHERS MIGHT MAKE. PLEASE READ THEM AND INDICATE IF YOU.

(Circle one code per line)

	strongly disagree	mildly disagree	not sure/ uncertain	mildly agree	strongly agree
1. THERE IS LITTLE PARENTS SHOULD DO ABOUT PRESCHOOL PRACTICES AND POLICIES	1	2	3	4	5
2. PARENTS ARE EAGER TO HEAR MY IDEAS ABOUT HOW TO WORK WITH THEIR CHILDREN.	1	2	3	4	5
3. ONCE A CHILD IS IN THE PRESCHOOL, IT IS THE PRESCHOOL'S RESPONSIBILITY FOR HIS/HER EDUCATION.	1	2	3	4	5
4. NO MATTER HOW WELL EDUCATED A PARENT IS, HE DOESN"T KNOW ENOUGH ABOUT TEACHING YOUNG CHILDREN TO BE ABLE TO GIVE A TEACHER ADVICE.	1	2	3	4	5
5. WHAT A PARENT TEACHES HER CHILD AT HOME IS VERY IMPORTANT TO HIS/ HER SUCCESS.	1	2	3	4	5
6. PARENTS CANNOT DO MUCH TO CHANGE WHAT HAPPENS AT HEAD START	1	2	3	4	5
7. PARENTS WANT ME TO TELL THEM HOW TO HELP THEIR CHILDREN.	1	2	3	4	5
8. IT IS NOT UP TO PARENTS TO TEACH THE CHILDREN ONCE THEY ARE IN HEAD START.	1	2	3	4	5
9. SINCE PARENTS LACK SPECIAL TRAINING IN EDUCATION, THEY SHOULD NOT QUESTION THE TEACHER'S TEACHING METHODS.	1	2	3	4	5
10. PARENTS CAN TEACH CHILDREN MANY THINGS THAT WILL HELP THEM IN HEAD START.	1	2	3	4	5

		strongly disagree	mildly disagree	not sure/ uncertain	mildly agree	strongly agree
11.	PARENTS CANNOT HAVE A MEANINGFUL EFFECT ON HEADSTART.	1	2	3	4	5
12.	PARENTS WANT ME TO HELP THEM DO A BETTER JOB OF TEACHING THEIR CHILDREN AT HOME.	1	2	3	4	5
13.	ONCE A CHILD IS IN SCHOOL THERE IS LITTLE A PARENT CAN DO AT HOME TO HELP EDUCATE HIM/HER.	1	2	3	4	5
14.	BECAUSE OF ALL A TEACHER'S TRAINING AND EXPERIENCE, PARENTS SHOULD NOT TRY TO TELL HER HOW TO TEACH.	1	2	3	4	5
15.	A PARENT'S HELP AND INTEREST AT HOME ARE ABSOLUTELY NECESSARY FOR A CHILD TO SUCCEED IN SCHOOL.	1	2	3	4	5
16.	PARENTS SHOULD NOT INTERFERE SINCE TEACHERS KNOW MORE ABOUT WHAT CHILDREN SHOULD BE TAUGHT.	1	2	3	4	5

This concludes our interview. I would like to take this time and opportunity to thank you for your time and cooperation.

TIME FINISHED ____ A.M. P.M.

RESPONSES FOR:

QUESTION 35

TO BECOME ACQUAINTED WITH THE PARENTS
TO OBTAIN AN UNDERSTANDING OF THE CHILDS HOME SITUATION
TO TELL THE PARENTS HOW THEIR CHILD IS DOING IN CLASS
TO TEACH THE PARENTS HOW TO WORK WITH THE CHILD AT HOME
TO HELP THE PARENTS OBTAIN SOCIAL OR MEDICAL SERVICES
OTHER

QUESTION 38

YOU PLAN THE ACTIVITIES AND NO ONE REVIEWS THEM
YOU PLAN THE ACTIVITIES AND THE EDUCATION COORDINATOR OR THE DIRECTOR REVIEWS THEM
THE EDUCATION COORDINATOR PLANS THE ACTIVITIES AND GIVES YOU THE PLANS WHICH ARE TO BE FOLLOWED
THE EDUCATION COORDINATOR PLANS THE ACTIVITIES AND GIVES YOU THE PLANS WHICH ARE ONLY SUGGESTIONS TO YOU
YOU DO NOT USE A PLAN
OTHER

QUESTION 68

LANGUAGE DEVELOPMENT
READING/PREREADING
WRITING
MATH/NUMBERS
SCIENCE/PROBLEM SOLVING
ART/MUSIC
SMALL MUSCLE DEVELOPMENT
LARGE MUSCLE DEVELOPMENT

QUESTION 70

BE WORKING INDIVIDUALLY WITH AN ADULT
BE WORKING WITH OTHER CHILDREN IN SMALL GROUPS
BE WORKING WITH ALL CHILDREN IN THE SAME ACTIVITY

QUESTION 72

JOIN THE CHILD AND WORK ON THE ACTIVITY HE IS ALREADY ENGAGED IN
TAKE THE CHILD ASIDE AND WORK ON A PARTICULAR ACTIVITY OR SKILL IN WHICH HE NEEDS HELP
PROVIDE THE CHILD WITH INDIVIDUAL MATERIALS OR PROCEDURES THAT HE CAN USE WITHIN THE LARGE GROUP ACTIVITIES
GROUP CHILDREN INTO SMALL GROUPS ALL OF WHOM NEED THE SAME KIND OF HELP

QUESTION 78

LET THE CHILDREN SELECT
PLACE THE CHILDREN BY AGE
PLACE THE CHILDREN BY OVERALL ABILITY
PLACE THE CHILDREN BY PARTICULAR NEED
TEACH THE CLASS IN A WHOLE GROUP
TEACH INDIVIDUAL CHILDREN

QUESTION 83

STRONGLY DISAGREE
MILDLY DISAGREE
NOT SURE/UNCERTAIN
MILDLY AGREE
STRONGLY AGREE

Classroom 1: Mrs. Green

Mrs. Green's class is very open. The activities she uses with her children are determined by what she sees the children need. She does not use any preplanned sequenced activities, because she wants to concentrate on the "whole child" and his needs. This means that her teaching is directed toward intellectual, language, sensorimotor and socio-emotional development at the same time that she is trying to help the children develop a sense of well-being. She uses no written set of behavioral objectives, because the focus of her classroom changes day by day with what she sees the children need on any particular day.

Classroom 2: Mrs. Jones

Mrs. Jones plans learning activities which are designed to reach specific goals for the children. Mrs. Jones writes these specific goals by assessing the strengths and weaknesses of individual children in her class. She develops and follows a daily plan. She works hard on developing language skills, motor skills, reasoning skills, and social skills. Mrs. Jones selects and organizes the activities within a somewhat structured setting. The materials she uses are often developmentally sequenced and offer guidelines for her teaching.

Classroom 3: Mr. Smith

Mr. Smith has a very structured classroom. He believes that the children in his class will never get anywhere unless they learn the basic rules and concepts involved in language, arithmetic, and reading. He does not work directly on social and emotional development because he believes that the children will develop positive self-concepts when they experience success in learning language, arithmetic and reading. He closely superises each child in the class. He feels that given the small amount of time he has with the children, it is better for them to study academic skills rather than spend their time playing. He directs all of the learning activities and the children participants in prescribed ways.

Classroom 4: Ms. Johnson

Ms. Johnson's classroom is full of self-instructing materials that are designed so that the children can use them alone. The children are free to choose the materials they want to work with and to pace their own rate of learning. Ms. Johnson has no proplanned activities, but rather has planned her classroom in such a way that the materials do the teaching as the child plays with them. Ms. Johnson has a moderate level of structure in her class. She wants the children to learn rather than to lear- some specific content.

Classroom 5: Ms. Washington

Ms. Washington uses many activities and materials which she feels will improve cognitive or intellectual development. She is expecially interested in having the children develop abilities in classification, seriation, number, measurement, and space. The children in Ms. Washington's class participate in many well planned activities which are designed to stiwulate mental activity. Ms. Washington designs lessons which require the children to manipulate both physically and mentally concrete materials and facts. These learning situations are set up to get reasoning responses from the child. Ms. Washington then responds to the child's reasoning, asking for explanation of the child's answers and guiding his use of the materials. The tasks are structured to encourage children to apply reasoning processes to a variety of situations rather than just learning rote answers.

APPENDIX C

Alternative Classroom Environmental Scales

ALTERNATIVE CLASSROOM ENVIRONMENT SCALES
ACES

Developed by:
NTS Research Corporation
Durham, North Carolina

Under Contract to:
Administration On Children, Youth and Families
Office of Human Development
Department of Health, Education and Welfare

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NTS acknowledges Kathy Pope and Jane Stallings of Stanford Research Institute (Stanford, CA) as the authors of the original CDA Checklist. NTS has also made use of a revision of that instrument completed by Abt Associates (Cambridge, MA). Both versions were utilized in developing the Teacher Behavior and Tangible Resources sections of the Alternative Classroom Environment Scales.

NTS claims original authorship of the EAI Schedules within the ACES including the Engaged Time Schedule, the Allocated Time Schedule, and the Instructional Behaviors Schedule.

ACES
Classroom Setting
(complete with assistance of teacher)

Date of observation _____ Time of observation _____ to _____

First observer _____ Second observer _____
First name Last First name Last

Program _____ Center _____

Lead teacher _____
First name Last name

Target Children

	First Name, Last initial	Birth-date	Date en-rolled	Total days Present/absent	Exposure (leave blank)
Red					
Blue					
Green					
Yellow					
Orange					

Adults Present

FIRST NAME (Please Print)	SEX		ETHNICITY						ROLE		
	Male	Female	Hispanic	Black/Negro	White/Caucasian	American Indian/ Alaskan Native	Asian or Pacific Islander	Other	Lead Teacher	Assistance/Aide	Other
1. _____	01	02	01	02	03	04	05	06	01	02	03
2. _____	01	02	01	02	03	04	05	06	01	02	03
3. _____	01	02	01	02	03	04	05	06	01	02	03
4. _____	01	02	01	02	03	04	05	06	01	02	03
5. _____	01	02	01	02	03	04	05	06	01	02	03

Children Present

Age and sex (enter number in each category)

	≤3	3	4	5	>5
Female					
Male					

Ethnicity and Primary Language (enter number in each category)

PRIMARY LANGUAGE	ETHNICITY: HISPANIC	BLACK/ NEGRO	WHITE/ CAUCASIAN	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN OR PACIFIC ISLANDER	OTHER
English						
Spanish						
American Ind/ Alaskan						
Asian/Pacific Islander						
Other						

Handicapping Conditions (Enter Total Number of Children)

No Handicapped Children . . . 00

	Total Number
Mentally retarded.	
Visually impaired.	
Blind.	
Hearing Impaired.	
Deaf.	
Seriously emotional disturbed.	
Specific learning disability.	
Speech/language impaired.	
Physically handicapped.	
Health or other developmental impairment.	

EAI Schedules

Engaged Time
Allocated Time
Instructional Behaviors

		12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	
	unobserved	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	101
	entire class	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	201
	unobserved	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	301
	large group (7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	302
	small group (< 7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	303
RED	child selected activity	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	304
	minimal engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	305
	moderate engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	306
	extensive engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	307
	unobserved	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	401
	large group (≥7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	402
	small group (≤7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	403
BLUE	child selected activity	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	404
	minimal engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	405
	moderate engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	406
	extensive engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	407
	unobserved	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	501
	large group (>7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	502
	small group (≤7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	503
GREEN	child selected activity	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	504
	minimal engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	505
	moderate engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	506
	extensive engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	507
	unobserved	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	601
	large group (>7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	602
	small group (≤ 7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	603
YELLOW	child selected activity	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	604
	minimal engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	605
	moderate engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	606
	extensive engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	607
	unobserved	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	701
	large group (>7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	702
	small group (≤ 7 children)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	703
ORANGE	child selected activity	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	704
	minimal engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	705
	moderate engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	706
	extensive engagement	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	707
	arrival/departure	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	801
	transition/unallocated time	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	802
	toothbrushing/washing up	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	803
	meals/snacks	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	804
	nap/rest time	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	805
	free play	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	806
	directed play	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	807
	music/art	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	808
	cognitive/academic activities	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	809
	other activity	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	810
	direction giving	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	901
	informational questioning	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	902
	lecturing/story telling	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	903
	assisting/demonstrating	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	904

ENGAGED TIME

ALLOCATED TIME

INSTRUCTIONAL BEHAVIORS

TEACHER BEHAVIOR CHECKLIST

ARRIVAL/DEPARTURE

		lead teacher		other adults		not applicable
		yes	no	yes	no	
1.1	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO HANG UP OUTDOOR CLOTHES? (self help)	1	2	1	2	3
1.2	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO PUT ON THEIR OWN COATS? (self help)	1	2	1	2	3
1.3	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO TIE OR BUCKLE THEIR OWN SHOES? (self help)	1	2	1	2	
1.4	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO ZIP OR BUTTON THEIR OWN CLOTHES? (self help)	1	2	1	2	
1.5	DID THE TEACHER CHECK ANY CHILDREN FOR COLDS, SWOLLEN GLANDS, ALLERGIES, ETC? (health)	1	2	1	2	
1.6	DID THE TEACHER GREET CHILDREN UPON ARRIVAL OR DEPARTURE? (self concept)	1	2	1	2	
1.7	DID THE TEACHER MAKE SURE THAT CHILDREN WERE RELEASED TO A RESPONSIBLE PERSON AT THE END OF THE DAY? (safety)	1	2	1	2	
1.8	DID THE TEACHER SPEAK TO ANY PARENTS WHO ACCOMPANIED THEIR CHILDREN? (parent involvement)	1	2	1	2	

LARGE MUSCLE ACTIVITIES (Recreational)

2.1	DID THE TEACHER ENCOURAGE OR ALLOW ACTIVITIES DEVOTED TO LARGE MUSCLE DEVELOPMENT? (phys. development)	1	2	1	2	
2.2	DID THE TEACHER ALLOW MOST CHILDREN TO CHOOSE SOME OF THEIR OWN ACTIVITIES? (self-concept)	1	2	1	2	
2.3	DID THE TEACHER ORGANIZE GAMES WHICH INVOLVED RUNNING, JUMPING, SKIPPING, ETC? (phys. dev.)	1	2	1	2	

		lead teacher		other adults		not applicable
		yes	no	yes	no	
2.4	DID THE TEACHER PARTICIPATE IN SUCH GAMES? (phys. dev.)	1	2	1	2	
BREAKFAST/LUNCH/SNACK						
3.1	DID THE TEACHER CLEAN UP SPILLS PROMPTLY (liquid, food)? (safety)	1	2	1	2	3
3.2	DID THE TEACHER ENCOURAGE OR ALLOW MOST CHILDREN TO WASH THEIR HANDS BEFORE EATING? (health)	1	2	1	2	
3.3	DID THE TEACHER WASH HIS OR HER HANDS BEFORE SERVING FOOD? (health)	1	2	1	2	
3.4	DID THE TEACHER TALK WITH THE CHILDREN ABOUT HOW FOODS ARE PREPARED? (health)	1	2	1	2	
3.5	DID THE TEACHER ENCOURAGE CHILDREN TO BRUSH THEIR TEETH AT THE CENTER? (health)	1	2	1	2	
3.6	DID THE TEACHER ENCOURAGE DISCUSSION AT BREAKFAST/LUNCH/SNACK? (language development)	1	2	1	2	
3.7	DID THE TEACHER ENCOURAGE THE CHILDREN TO IDENTIFY INGREDIENTS AND FOODS AT BREAKFAST/LUNCH/SNACK? (cog. and lang. dev.)	1	2	1	2	
3.8	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO POUR THEIR OWN DRINKS? (self help)	1	2	1	2	
3.9	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO PASS FOOD TO OTHER CHILDREN? (self help)	1	2	1	2	
3.10	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO SELECT THEIR OWN FOODS? (self help)	1	2	1	2	
3.11	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO CHOOSE THEIR OWN PORTIONS? (self help)	1	2	1	2	

NAP TIME

		lead teacher		other adults		not applicable
		yes	no	yes	no	
4.1	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO FOLD UP THEIR OWN BLANKETS? (self help)	1	2	1	2	

COGNITIVE AND LANGUAGE DEVELOPMENT ACTIVITIES

5.1	DID THE TEACHER ENCOURAGE DISCUSSION IN GROUPS? (cog. and lang. dev.)	1	2	1	2	
5.2	DID THE TEACHER READ BOOKS WITH (to) CHILDREN? (cog. and lang. dev.)	1	2	1	2	
5.3	DID THE TEACHER ASK QUESTIONS WHILE READING BOOKS WITH (to) CHILDREN? (cog. and lang. dev.)	1	2	1	2	
5.4	DID THE TEACHER EXPLAIN, INFORM, OR DISCUSS SUCH TOPICS AS INSECTS, FOOD, WEATHER, ETC., (i.e. their environment, the world)? (cog. and lang. dev.)	1	2	1	2	
5.5	DID THE TEACHER ASK QUESTIONS OF INDIVIDUAL CHILDREN AND ENCOURAGE THEM TO SPEAK DURING DISCUSSIONS OF GENERAL TOPICS? (cog. and lang. dev.)	1	2	1	2	
5.6	DID THE TEACHER FACILITATE USE OF MATERIALS OR EQUIPMENT FOR EXPERIMENTATION IN SCIENCE ACTIVITIES? (cog. and lang. dev.)	1	2	1	2	
5.7	DID THE TEACHER ENCOURAGE MOST CHILDREN TO LOOK AT BOOKS SOME OF THE TIME? (cog. and lang. dev.)	1	2	1	2	
5.8	DID THE TEACHER SPEAK TO AND LISTEN TO INDIVIDUAL CHILDREN AT EYE LEVEL? (cog. and lang.-dev.)	1	2	1	2	3
5.9	DID THE TEACHER ENCOURAGE OR ALLOW ANY CHILDREN TO EXPLORE DIFFERENT ASPECTS OF WATER IN RELATION TO OTHER MATERIALS? (cog. and lang. dev.)	1	2	1	2	3

		lead teacher		other adults		not applicable
		yes	no	yes	no	
5.10	DID THE TEACHER ASK CHILDREN TO SPEAK IN COMPLETE SENTENCES? (cog. and lang.dev.)	1	2	1	2	3
5.11	DID THE TEACHER ENCOURAGE CHILDREN TO PRONOUNCE WORDS CLEARLY? (cog. and lang. dev.)	1	2	1	2	3
5.12	DID THE TEACHER ENCOURAGE CHILDREN TO DESCRIBE WHAT THEY OBSERVED? (cog. and lang. dev.)	1	2	1	2	3
5.13	DID THE TEACHER TALK ABOUT THE MEANING OF WORDS? (cog. and lang. dev.)	1	2	1	2	3
5.14	DID THE TEACHER INDIVIDUALIZE MOST CHILDREN'S CLASSROOM EXPERIENCES?(cog. and lang. dev.)	1	2	1	2	
5.15	DID THE TEACHER, WHEN INTRODUCING NEW ACTIVITIES, EXPLAIN WHAT THEY WOULD BE DOING AND WHY? (cog. and lang. dev.)	1	2	1	2	
5.16	DID THE TEACHER MAKE REFERENCE TO THINGS PREVIOUSLY LEARNED? (cog. and lang. dev.)	1	2	1	2	
5.17	DID THE TEACHER PROVIDE ACTIVITIES AND EXPERIENCES WHICH ENCOURAGE QUESTIONING, PROBING, AND PROBLEM SOLVING?(cog. and lang. dev.)	1	2	1	2	
SAFETY						
6.1	DID THE TEACHER DISCUSS SAFETY RULES? (safety)	1	2	1	2	
6.2	DID THE TEACHER ENFORCE SAFETY RULES? (safety)	1	2	1	2	
6.3	DID THE TEACHER SEEM TO BE AWARE OF DANGEROUS SITUATIONS? (safety)	1	2	1	2	

		lead teacher		other adults		not applicable
		yes	no	yes	no	
6.4	DID THE TEACHER CAUTION CHILDREN QUICKLY AND APPROPRIATELY IF THERE WAS PHYSICAL DANGER? (safety)	1	2	1	2	
HEALTH						
7.1	DID THE TEACHER HAVE ANY DISCUSSION WITH THE CHILDREN ABOUT HEALTH? (health)	1	2	1	2	
SELF HELP						
8.1	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO BLOW THEIR OWN NOSES? (self help)	1	2	1	2	
8.2	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO CLEAN UP THEIR OWN TOYS AND PUT THINGS AWAY WHEN FINISHED? (self help)	1	2	1	2	
PRO-SOCIAL						
9.1	DID THE TEACHER SOMETIMES ALLOW CHILDREN TO HELP OTHERS? (pro-social)	1	2	1	2	
9.2	DID THE TEACHER SOMETIMES REQUEST CHILDREN TO SHARE? (pro-social)	1	2	1	2	
9.3	DID THE TEACHER SOMETIMES PRAISE CHILDREN FOR SHARING? (pro-social)	1	2	1	2	
9.4	DID THE TEACHER ASK CHILDREN TO CONSIDER EACH OTHERS FEELINGS? (pro-social)	1	2	1	2	
9.5	DID THE TEACHER ASK CHILDREN TO LISTEN TO EACH OTHER DURING GROUP TIMES? (pro-social)	1	2	1	2	
9.6	DID THE TEACHER ENCOURAGE CHILDREN TO TAKE TURNS IN USING MATERIALS? (pro-social)	1	2	1	2	

		lead teacher yes	lead teacher no	other adults yes	other adults no	not applicable
9.7	DID THE TEACHER ENCOURAGE CHILDREN TO PLAY WITH ONE ANOTHER IN FREE PLAY SITUATIONS? (pro-social)	1	2	1	2	3
9.8	DID THE TEACHER ENCOURAGE CHILDREN TO RESPECT THE NEEDS AND FEELINGS OF OTHER CHILDREN? (pro social)	1	2	1	2	
CREATIVITY						
10.1	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO DO ART PROJECTS ANY WAY THEY LIKED? (creativity)	1	2	1	2	
10.2	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO DO SUCH THINGS AS ACT OUT SONGS, POEMS, OR STORIES? (creativity)	1	2	1	2	
10.3	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO DANCE FREELY? (creativity)	1	2	1	2	
10.4	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO MAKE UP GAMES? (creativity)	1	2	1	2	
10.5	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO SING SPONTANEOUSLY? (creativity)	1	2	1	2	
10.6	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO EXPRESS THEIR FEELINGS AND IDEAS? (creativity)	1	2	1	2	
10.7	DID THE TEACHER PROVIDE A VARIETY OF EXPERIENCES AND MATERIALS THAT STIMULATED THE CHILDREN TO EXPLORE AND EXPRESS THEIR CREATIVE ABILITIES? (creativity)	1	2	1	2	
SELF-CONCEPT						
11.1	DID THE TEACHER ACKNOWLEDGE CHILDREN WHO HAD BEEN ABSENT AND SAY THINGS LIKE "We miss you, we're glad you're back?" (self concept)	1	2	1	2	

		lead teacher		other adults		not applicable
		yes	no	yes	no	
11.2	DID THE TEACHER USE SONGS, EXERCISE, ETC., THAT USED THE NAMES OF CHILDREN? (self concept)	1	2	1	2	
11.3	DID THE TEACHER ASK ABOUT ANY OF THE CHILDREN'S FAMILIES? (self concept)	1	2	1	2	
11.4	DID THE TEACHER ACKNOWLEDGE MOST CHILDREN BY THEIR NAMES? (self concept)	1	2	1	2	
11.5	DID THE TEACHER KEEP FROM COMPARING CHILDREN IN UNFAVORABLE WAYS? (self concept)	1	2	1	2	
11.6	DID THE TEACHER MAKE TAPES OF CHILDREN'S VOICES FOR THEM TO HEAR? (self concept)	1	2	1	2	
11.7	DID THE TEACHER SHOW FAVORITISM? (self concept)	1	2	1	2	
11.8	DID THE TEACHER SEEM GENUINELY CONCERNED ABOUT HOW THE CHILDREN FELT? (self concept)	1	2	1	2	
11.9	DID THE TEACHER RESPOND TO INDIVIDUAL NEEDS IN A WAY WHICH ENCOURAGED CHILDREN TO APPRECIATE THEMSELVES? (self concept)	1	2	1	2	
11.10	DID THE TEACHER ASK CHILDREN HOW THEY WERE FEELING (happy, angry, sad)?	1	2	1	2	
11.11	DID THE TEACHER INTERACT WITH SOME CHILDREN ON A ONE TO ONE BASIS? (self concept)	1	2	1	2	
11.12	DID THE TEACHER TELL ANY CHILDREN THAT IT WAS ALL RIGHT TO MAKE MISTAKES SOMETIMES? (self concept)	1	2	1	2	
11.13	DID THE TEACHER ASK CHILDREN TO ASSIST IN TASKS? (self concept)	1	2	1	2	

		lead teacher yes	lead teacher no	other adults yes	other adults no	not applicable
11.14	DID THE TEACHER ENCOURAGE OR ALLOW CHILDREN TO PURSUE THEIR OWN INTERESTS INDEPENDENTLY? (self concept)	1	2	1	2	
11.15	DID THE TEACHER ENCOURAGE CHILDREN TO TRY NEW THINGS ON THEIR OWN? (self concept)	1	2	1	2	
11.16	DID THE TEACHER USE SONGS, EXERCISES, ETC., THAT DIRECTED CHILDREN TO IDENTIFY PARTS OF THEIR BODIES? (self concept)	1	2	1	2	
11.17	DID THE TEACHER PRAISE CHILDREN BY NAME FOR CORRECT ANSWERS OR GOOD PERFORMANCE? (self concept)	1	2	1	2	
11.18	DID THE CHILDREN APPEAR COMFORTABLE IN APPROACHING THE TEACHER WITH QUESTIONS AND REQUESTS FOR ASSISTANCE? (self concept)	1	2	1	2	
11.19	DID THE TEACHER HOLD, CUDDLE, OR DISPLAY AFFECTION WITH CHILDREN? (self concept)	1	2	1	2	
	MANAGEMENT ACTIVITIES					
12.1	DID CHILDREN OFTEN INTRUDE UPON EACH OTHERS ACTIVITIES? (argue or fight over things?) (management)	1	2	1	2	
12.2	DID THE TEACHER USE A NEGATIVE TONE WITH CHILDREN? (management)	1	2	1	2	
12.3	DID THE TEACHER USE A CLEAR, FIRM, AND POSITIVE MANNER WHEN GIVING GUIDELINES TO CHILDREN? (management)	1	2	1	2	
12.4	DID THE TEACHER RELINQUISH ANY ACTIVITES TO ANOTHER ADULT? (management)	1	2	1	2	3

		lead teacher		other adults		not applicable
		yes	no	yes	no	
12.5	WAS THE TEACHER FREE FROM ANGER AND PUNITIVENESS WHEN MODERATE MISBEHAVIOR OCCURRED? (management)	1	2	1	2	
12.6	WAS THE TEACHER FREE FROM ANGER AND PUNITIVENESS WHEN MAJOR MISBEHAVIOR OCCURRED? (management)	1	2	1	2	3
12.7	DID THE TEACHER EVER DISCUSS RULES WITH THE CHILDREN? (management)	1	2	1	2	
12.8	DID THE TEACHER USE A POSITIVE MANNER WHEN POINTING OUT WHEN A CHILD HAD BROKEN A RULE? (management)	1	2	1	2	
12.9	DID THE TEACHER MAKE CLEAR TO CHILDREN THE PLANS FOR THE DAY? (management)	1	2	1	2	
12.10	DID THE TEACHER USUALLY GIVE DIRECTIONS IN A CLEAR, POSITIVE WAY? (management)	1	2	1	2	
12.11	DID THE TEACHER REMIND CHILDREN TO GO TO THE BATHROOM? (management)	1	2	1	2	
12.12	DID THE TEACHER MANAGE THE CLASSROOM IN SUCH A WAY THAT MOST CHILDREN WERE GENERALLY INVOLVED IN SOME ACTIVITY? (management)	1	2	1	2	
12.13	DID THE TEACHER SEEM FLEXIBLE (able to change plans as a new event arose?) (management)	1	2	1	2	
12.14	DID THE TEACHER MAINTAIN CONTROL OF THE CLASS? (management)	1	2	1	2	
12.15	DID THE TEACHER SOMETIMES WORK WITH A SMALL GROUP OF CHILDREN? (management)	1	2	1	2	

		lead teacher		other adults		not applicable
		yes	no	yes	no	
12.16	DID THE TEACHER USUALLY WAIT FOR CHILDREN TO SETTLE DOWN, OR PRAISE OR ACKNOWLEDGE CHILDREN WHO SAT QUIETLY WHEN SHE WANTED THEIR ATTENTION? (management)	1	2	1	2	
12.17	DID THE TEACHER USUALLY ANNOUCE TO CHILDREN (individually or group) WHEN IT WAS TIME TO CLEAN UP? (management)	1	2	1	2	
12.18	DID THE TEACHER USE SUCH METHODS AS "FOLLOW THE LEADER" TO GUIDE CHILDREN INTO THE NEXT ACTIVITIES? (management)	1	2	1	2	
12.19	DID THE TEACHER USUALLY GIVE A FIVE MINUTE (or so) WARNING TIME TO CHILDREN WHEN AN ACTIVITY WAS ABOUT TO CHANGE? (management)	1	2	1	2	
12.20	DID THE TEACHER ENCOURAGE OR ALLOW SOLITARY PLAY? (management)	1	2	1	2	
12.21	DID THE TEACHER ALLOW ENOUGH TIME FOR ACTIVITES TO BE COMPLETED BY THE CHILDREN? (management)	1	2	1	2	
12.22	DID THE TEACHER HAVE RULES FOR THE MAXIMUM NUMBER OF CHILDREN IN VARIOUS CLASSROOM OR ACTIVITY AREAS? (management)	1	2	1	2	

Teacher Behavior Checklist

Observer's Notes

TANGIBLE RESOURCES CHECKLIST

CLASSROOM		YES	NO
1.0	Were there name tags or symbols for the children on the place for their personal belongings (e.g., cubbies, coat racks, or other places)?	1	0
1.1	Were special play areas defined (block corner, quiet area, dress up, etc.)?	1	0
1.2	Were there enough cubbies for each child's personal belongings?	1	0
1.3	Were any active activities arranged or available for the children? (e.g., record/dancing area).	1	0
1.4	Were any groups arranged or available where children worked together on a project? (e.g., housekeeping center, science center).	1	0
1.5	Were any groups arranged or available where most children listened to each other or to a story?	1	0
1.6	Were there any rules for the number of children allowed in each area?	1	0
1.7	Was any of the children's art work displayed?	1	0
1.8	Were some bulletin boards at child-eye level?	1	0
1.9	Was there a science area?	1	0
1.10	Was there a listening area? (records, tapes, language master)?	1	0
1.11	Was there a reading area or quiet area?	1	0
1.12	Were there any small, private areas where a child could be alone?	1	0
1.13	Were charts posted that show heights and weights of most children by name?	1	0
1.14	Were there any pictures or posters on walls that reflected ethnic groups?	1	0
1.15	Were any objects present that reflected various holiday customs or cultures (i.e., Pinatas, Hanukkah candles, food)?	1	0

		YES	NO
1.16	Were any of the children's self portraits, paintings or clay displayed?	1	0
1.17	Were any photographs of children displayed?	1	0
1.18	Was the classroom moderately noisy?	1	0
1.19	Was the emotional environment pleasant, supportive, personalized?	1	0
1.20	Was there time for living? (Not herded or hurried)	1	0
1.21	Overall, did the center seem crowded?	1	0
1.22	Overall, did the environment seem well-organized (orderly)?	1	0

MATERIALS/EQUIPMENT

2.0	Were several age-appropriate books available (i.e., more than 10)?	1	0
2.1	Were there materials or equipment for experimentation in science activities?	1	0
2.2	Were there any language development teaching machines (e.g., language masters, records, audio tapes)?	1	0
2.3	Were there doll houses?	1	0
2.4	Were there dress up clothes?	1	0
2.5	Were there dramatic play props?	1	0
2.6	Were there dolls?	1	0
2.7	Were there ethnic dolls?	1	0
2.8	Were there art materials: pencils, crayons, paper, scissors, paints, etc.?	1	0
2.9	Were there records for dance or spontaneous expression?	1	0
2.10	Were there musical instruments?	1	0
2.11	Were there puppets (paper, cloth, etc.)?	1	0
2.12	Were there weaving materials?	1	0
2.13	Was there doll house equipment, toy village, toy farm?	1	0

		YES	NO
2.14	Were there nature materials: rocks, feathers, fur, leather, plants, shells?	1	0
2.15	Were there animals to hold?	1	0
2.16	Were there animals to observe: birds, fish, caged animals?	1	0
2.17	Were there tape recorders available?	1	0
2.18	Were there any mirrors provided for children to see themselves (i.e., full length, or child-level)?	1	0
2.19	Were there child size work tools (brooms, rakes, dust pans)?	1	0
2.20	Were there blocks?	1	0
2.21	Were there small wheel toys, cars, trucks, etc.?	1	0
2.22	Were there child sized skill equipment: carpentry, sewing?	1	0
2.23	Were there balls or bean bags?	1	0
2.24	Were there materials to explore: modeling clay, play doh, finger paints, clay, mud, glue, starch, etc.?	1	0

PLAYGROUND

3.0	Was outdoor equipment in safe condition?	1	0
3.1	Were there barriers or railings around any porch, walkway, play area that were three feet or more above ground?	1	0
3.2	Was information on emergency first aid measures readily available (for burns, poisons)?	1	0
3.3	Were doors outside of center secured in a safe way (i.e., locks out of reach of children, but easily opened in emergencies)?	1	0
3.4	Was yard fenced with safety gate(s) or lock(s)?	1	0
3.5	Was the play yard clean and litter-free?	1	0
3.6	Were there tricycles?	1	0
3.7	Were there jungles gyms, climbers?	1	0

		YES	NO	
3.8	Were there ladders?	1	0	
3.9	Were there climbing ropes?	1	0	
3.10	Were there balancing beams or bouncing boards?	1	0	
3.11	Was there basketball and hoop (child level)?	1	0	
3.12	Were there swings and slides?	1	0	
3.13	Were there wagons?	1	0	
3.14	Were there roller skates?	1	0	
3.15	Were there hula hoops?	1	0	
3.16	Was there a swimming or wading pool?	1	0	
3.17	Was there sand to be in (box or area)?	1	0	
3.18	Was there dirt to dig in for planting?	1	0	

FOOD/MEALTIME

4.0	Was at least one menu posted?	1	0	
4.1	Were there any posters on the wall about nutritious/balanced foods?	1	0	
4.2	Was the kitchen clean and free of odors?	1	0	
4.3	Were all tables clean for snacks?	1	0	
4.4	Was all garbage disposed of properly (food)?	1	0	
4.5	Was the food storage area free of insects or rodents?	1	0	
4.6	Was the food storage area clean and free of odors?	1	0	
4.7	Were disposable dishes and/or utensils used?	1	0	
4.8	(IF NO,) were all dishes washed hygenically (e.g., use of detergents or dishwasher)?	1	0	NA
4.9	Were there individual cups or glasses for drinking?	1	0	

		YES	NO	
4.10	Were there child-sized chairs and tables?	1	0	
4.11	Were there many accidental spills or breakage?	1	0	

HEALTH/SAFETY

5.0	Was indoor furniture in safe condition?	1	0	
5.1	Did most furniture and equipment have rounded corners?	1	0	
5.2	Were floors and steps free of defects (loose, broken tiles, boards, etc.)?	1	0	
5.3	Were all floors non-slippery when dry (e.g., not over-polished)?	1	0	
5.4	Were all toys and materials safe (free of danger)?	1	0	
5.5	Were all rugs rubber-backed, taped or nailed to the floor to prevent falls?	1	0	NA
5.6	Did all doors leading outside have exit signs?	1	0	
5.7	Were there any fire alarms (i.e., boxes) in the center?	1	0	
5.8	Was a fire extinguisher in the center?	1	0	
5.9	Were any evacuation signs posted in case of fire?	1	0	
5.10	Was parent information for most children available near the telephone?	1	0	
5.11	Was a community (or hospital) emergency number available near the telephone?	1	0	
5.12	Was physician's emergency number available near the telephone?	1	0	
5.13	Was information on emergency first aid measures readily available (for burns, poisons)?	1	0	
5.14	Did all electrical outlets (within reach) have caps or covers?	1	0	
5.15	Was storage out of reach of children for first aid supplies, medicines, cleaning agents, firearms, chemicals, cosmetics, etc.?	1	0	
5.16	Were all well-traveled areas clear of material or equipment which could cause falls?	1	0	

		YES	NO
5.17	Was access to all exits clear?	1	0
5.18	Was a gate present at top and bottom of all stairs?	1	0
5.19	Were railings (banisters) intact on all stairways?	1	0
5.20	Were safety rules posted?	1	0
5.21	Was lighting adequate for children?	1	0
5.22	Was the indoor temperature not excessively hot or cold for the children?	1	0
5.23	Did the bathroom have soap?	1	0
5.24	Were paper or cloth towels available for children?	1	0
5.25	Were tissues (e.g., Kleenex, toilet tissue) available for the children?	1	0
5.26	Were first aid supplies available and stored together (soap, antiseptics, bandages, thermometers, etc.)?	1	0
5.27	Were there any posters on the walls about first aid (such as cleaning and bandaging wounds)?	1	0
5.28	Was a list kept of children with allergies?	1	0
5.29	Was there an isolated area for removal of sick children?	1	0
5.30	Were all the hallways clean?	1	0
5.31	Were all the indoor areas clean?	1	0
5.32	Was the bathroom clean and free of odors?	1	0
5.33	Was there a clean rug for children to sit on?	1	0
5.34	Was all trash disposed of properly (paper)?	1	0
5.35	Were all the rooms well ventilated (free of smoke, steam, etc.)?	1	0
5.36	Were all toys clean and free of foods and/or other sticky substances?	1	0
5.37	Were most toothbrushes labeled with children's names or identification markings?	1	0
		1	0

		YES	NO
5.38	Did children have a number of minor accidents (e.g., cuts, bumps, bruises)?	1	0
5.39	Were there provisions made for laundering clothes, blankets, cot covers?	1	0
5.40	Were cot covers clean?	1	0

Tangible Resources Checklist

Observer's Notes

APPENDIX D

Site Visitor Training Agenda

SITE VISITOR TRAINING

Wednesday, February 28	Thursday, March 1	Friday, March 2
(Pinehurst Hotel Pinehurst, NC)	(Pinehurst Hotel Pinehurst, NC)	(Pinehurst Hotel Pinehurst, NC)
	8:00 Breakfast	8:00 Breakfast
	8:45 - 9:30 Entering the Site (Tannen)	8:45 - 10:00 HS/BES Parent Policy Committee Meeting/Incentives (McNeil)
TRAVEL TO PINEHURST, NC	9:30 - 10:45 Meeting with HS/BES Director; Randomization (Conner)	10:00 - 10:15 Break
	10:45 - 11:00 Break	10:15 - 12:00 Hiring Study Coordinators (Platt, Conner)
	11:00 - 12:00 Introduction to the PDI, CDI (Platt, Posante)	
12:00 - 1:45 LUNCH		
1:30 - 1:45 Welcome (Stenner)	1:15 - 3:00 PDI, CDI (Platt, Posante)	1:15 - 2:30 ACES (Mengel, Platt)
1:45 - 2:00 Introduction Schedule of Training (Rosenthal)	3:00 - 3:15 Break	2:30 - 2:45 Break
2:00 - 2:45 Head Start/BES Evaluation (McNeil, Wedell, Ferritor)	3:15 - 3:45 Representing NTS in the Field (Pelavin)	2:45 - 4:30 ACES (Mengel, Platt)
2:45 - 3:00 Break		
3:00 - 3:45 HS/BES Evaluation (McNeil, Wedell, Ferritor)	3:45 - 5:00 HS/BES Meeting (Conner)	4:30 - 5:00 Discussion
3:45 - 4:15 Slide Presentation (Anderson)	5:00 Discussion	
4:15 - 5:00 Site Visitor Role; Sample Visit; Distribution of Materials; Confidentiality Affidavits Overview of Instruments (Rosenthal)		
5:00 Discussion 6:30 Social 7:30 Dinner	6:00 Dinner	
	7:00 - 9:00 ACES (Platt, Mengel)	

SITE VISITOR TRAINING (continued)

Monday, March 5	Tuesday, March 6	Wednesday, March 7	Thursday, March 8
(Carolina Inn Chapel Hill, NC)	(Carolina Inn Chapel Hill, NC)	(NTS)	(NTS) Individual Meetings Continued
8:45 - 10:45 ACES (Wedell)	8:45 - 10:45 ACES (Mengel, Platt, Wedell)	9:00 - 9:45 Data Collection (Griffin)	9:00 - 9:30
10:45 - 11:00 Break	10:45 - 11:00 Break	9:45 - 10:30 Site Visit Reports (Griffin)	9:30 - 10:00
11:00-12:00 Meeting with HS/BES Grantees/Delegates (Bentley)	11:00 - 12:00 Meeting with Public School Personnel (Bentley)	10:30 - 10:45 Break	10:00 - 10:30
		10:45 - 11:30 Discussion	10:30 - 11:00
			11:00 - 11:30
			11:30 - 12:00
12:00 - 1:00 LUNCH			
1:00 - 2:30 Teacher Interview (Posante, Platt)	1:00 -2:30 Special Situations (Tannen)	Individual meetings with Site Visit Staff (Rosenthal, Tannen)	
2:30 - 2:45 Break	2:30 - 2:45 Break	1:00 - 1:30	
2:45 - 4:30 Teacher Interview (Posante, Platt)	2:45 - 4:00 Administrative Matters (Mengel) Communicating with NTS (Tannen, Lesh)	1:30 - 2:00	
4:30 - 5:00 Discussion		2:00 - 2:30	
	4:00 - 5:00 Discussion	2:30 - 3:00	
		3:00 - 3:30	
		3:30 - 4:00	
		4:00 - 4:30	
		4:30 - 5:00	

RESERVE EVENING FOR POSSIBLE WORK SESSION - PRACTICE

APPENDIX E

Methods Used To Present The Study

Guide To Randomization
Slide/Tape Script

RANDOMIZATION DISCUSSION WITH DIRECTOR

What the Study Plan means at this site

1. Expalin to me exactly how you form your Head Start comprehensive services group now. Describe the case this year.

   a. First, how many children have you enrolled in comprehensive services this year?

   _____

   b. Second, how many of these are handicapped (must serves)?

   _____

   c. Now, where did all these children come from? Tell me all the places, recruitment sources, referrals, and the like. (NOTE: Take detailed, verbatim notes! Be sure the director has accounted for all the children. Write doen exactly what the director says--verbatim. Then read it back to be sure you've got it right. Don't proceed until you and project director understand each other. There may be some center differences you'll need to note if there's more than one center.)

2. Okay, I understand what's happening here. Now, let me explain how the study plan would work at your center. Let's consider one center:

Total number of places in Comprehensive Services _____

Subtract the number of handicapped (Must Serves) -

Total places available for random selection _____

Add 60 extra places for the Health Services Only Study Group (Note that the new Study Coordinator will help with this.) + 60

Minimum number of Head Start eligible children needed for the Regular Group for Selection _____

MUST SERVES: ____

REGULAR GROUP FOR SELECTION: ____

Random Selection Process:

1. All the names will be written on small squares of paper.
2. All the squares will be placed in a hat and mixed.
3. One name will be drawn for the Comprehensive Services Study Group.
4. Then, one name will be drawn for the Health Services Only Study Group.
5. Steps 3 and 4 will be repeated 59 times (For a 60-place max site, step 3 will be repeated slightly fewer times depending on the must serves.).
6. Enough squares are then drawn to fill the remaining places in the Comprehensive Services Group.
7. The remaining squares are drawn to fill the Alternates Group. The children in this group will be used to replace any Fall drop-outs from the Comprehensive Services Study Group, Health Services Only Study Group, or the Comprehensive Services Group.

SO, for this site:

A: Comprehensive Services Study Group

Health Services

Other Comprehensive Services

STUDY - $10/testing

____

(n = 60 max)

B: Health Services Only Study Group

Health Services

—

STUDY - $10/testing

60

(n = 60)

C: Comprehensive Services Group

Health Services

Other Comprehensive Services

—

____

(n varies: a few, many)

D: Alternates Group

—

—

—

____

(n varies: none, a few, many)

3. Now, give me your comments on this procedure and your suggestions for solving potential problems. Please comment on all these aspects:

	COMMENTS	SUGGESTIONS
a.	Recruiting extra children	
b.	Extra help from the new Study Coordinator.	

COMMENTS

SUGGESTIONS

c. Randomly -selecting children for the groups.

d. The Health Services Only Study Group

COMMENTS

SUGGESTIONS

e. The incentives to the Health Services Only Study Group

1. The idea of the health services without educational services

2. The $10 payments for testing

COMMENTS

SUGGESTIONS

f. other (specify)

VIDEO	AUDIO VOICE-OVER
Scene 1- slow zoom into empty classroom title UP "Introducing the National Head Start Education Study"	Narrator: Head Start is an adventure in pre-school learning. MUSIC AND EFX OF CLASSROOM: UP
Scene 2- dissolve to classroom filled with Head Start children involved in activities cut to: nutrition scene child with book or artwork children on playground children at street fair	Narrator: For many children, Head Start means a warm meal shared with others, a chance to l & discover the good things, the fun things. Being in Head Start is a beginnin in education and its a start in feeling good about who you are. Head Start believes every child is uniquely different and special.
Scene3- cut to CUs of individual kids including handicapped children Extreme CU child's face	Narrator: Head Start began in 1965 and now serves over 400,000 pre-school children. It provides a comprehensive program of educational experiences, social services, health and dental services. Now, Head Start extends its services to handicapped children and offers programs which provide an environment to meet the special needs of these children.
Scene 4- slides of children receiving various services	
Scene 5- slide of handicapped child	
Scene 6- 2-shot parent and child	One of the most important aspects of Head Start is parent involvement. Parents and ~~children~~ and the community all play a very big part in the program.
Scene 7- graphic of kids and parents in front of house, study coordinator is at door holding form which reads: CU "How Does Head Start Help?"	Because Head Start is interested in providin the best possible program for children and their families, a study is being done about the specific ways Head Start helps children. The study aims to find out how Head Start Programs help children learn. This presentation is about that study.

Scene 8- graphic of ACYF and NTS logo, also building shot

Narrator: The ~~government agency which provides the funds for Head Start, the~~ Administration for Children, Youth and Families, ACYF, has hired the NTS Research Corporation to carry out a national long term study of Head Start.
Judy McNeil, the Project Director for this evaluation , along with her staff, will be available at this toll-free number to answer any questions you might have regarding the study.

Scene 9- slide of Judy McNeil cut to graphic of toll-free number

DIFFERENT VOICES: (TALKING IN CONFUSION)

Parent: What's this all about !?

HS Teacher: How many Head Start Programs are involved?

Scene 10- 2-shot Head Start parent and Head Start Director

Parent: What'll I have to do?

HS Teacher: Does this mean alot of extra paperwork for the teachers?

Scene 11- graphics depiction of Head Start Director and graphics of parents "pop on" as voices increase

Narrator: (RESPONDING)

NTS Research Corporation has selected a group of 30 Head Start programs around the country for this study. The Head Start Programs were selected randomly for the study based on: area of the country, size of the community, size of the Head Start Program and no present involvement with a national Head Start study. The study will involve over 4,000 children

Scene 12- slide of US map, cut to closer shot

(INTERRUPTING)

Parent: But that's not answering our question !

Scene- graphic of crowd of kids

Teacher: (ADDING) What does the evaluation involve?

Scene 14- humorous graphic of parents olding placards challenging the speaker study coordinator) a kind of "mock protest" cene

VIDEO	AUDIO
Scene 15- graphics illustrating narration	Narrator: To find out which kinds of programs work best for different children, families in the Head Start program will be compared with families who are not in the program. The evaluation staff needs to get know families in both groups, by talking with parents and their children. Narrator: The families in one group will receive all of Head Start's services. The families in the second group will not get Head Start educational services, but will get the full range of health services, including dental care. Parent: How will you decide who gets in to Head Start? Narrator: A resident of the community will be hired as the study coordinator. The coordinator will recruit as many eligible children as possible and also discuss the evaluation plan with parents. Head Start can't serve every child who applies; there's just not enough room.
Scene 16- graphic of hat and hand	To give every child a fair chance, all the names will be put in a hat and the names will be picked until all the places in the program are filled. The children who are not picked will not be in the program, but will be in the study. This means that these children will receive health services including dental care.

Scene 17- CU parent (or 2-shot graphic of parent and study coordinator)

Parent: What will I have to do?

Narrator: Head Start parents will be asked what they feel about the program. In order to find out what changes Head Start has brought about, tests will be given to both groups in the spring and fall; both the Head Start group and the comparison group will be tested. Parents will be interviewed at this time by the study coordinator and testing will be done by local community residents. Each family will be paid 10 dollars for their time attending each interview. Its very important what parents feel about the program and how they're involved in Head Start activities.

Scene 18- slide or graphic of study coordinator, parents and kids

→ SOUND CUT TO "TESTIMONIALS" of PARENTS

Scene 19- slide of parents and child in home or other setting

Scene 20- various CUs of parents

PARENTS: (DESCRIBE WHAT HEAD START HAS MEANT TO THEM)

Narrator: Besides taking a close look at children and their development, the evaluation also includes a look at the Head Start programs, what is happening in the classroom, how teachers and children spend their time, what materials are being used.

Scene 21- shots of classroom activities

MUSIC: UP (Provides transition for narrator's last points)

Narrator: A community is more than the place you live. Its the place you know and understand.

Scene 22- Dissolve to shots of both urban and rural neighborhoods

(perhaps a rapid montage cut to music to pick up pace in the visuals)

shots should be most representative of low-income or low-middle income neighborhoods

(Continued p.4)

Scene 23- shots of evaluation staff in the classrooms

Narrator: This evaluation will also study the community's feeling about Head Start. The study coordinator will hire and help train people from the community to observe classes and talk with the teachers about the best parts of Head Start.

Scene 24- Rapid montage of various aspects of the evaluation

All of the information---from Head Start children and parents, the comparison group children and parents, teachers, community and program directors will be put together for a final report.

MUSIC: EARLIER THEME UP

Scene 25- Dissolve one image into another of various Head Start activities/ services

a) child eating
b) child in arts activity
c) child with parent in home
d) child in recreational activity

e) CU child at graduation

Narrator: With your support, this evaluati will help Head Start programs provide even better services for its children.

The hopeful, loving atmosphere of Head Start will continue helping children grow and discover as they step confidently into the mainstream of life.

Scene 26- freeze frame. end title and credits
(perhaps super "The Me I Can Be" over child) ?

APPENDIX F

Guidelines Followed To Hire Field Staff

Hiring the Study Coordinator

The Study Coordinator whom you will hire during the site visit is vital to the success of the evaluation in the regular Head Start programs. This person will serve as our NTS representative on-site and will help manage the study procedures from the field.

Role of the Study Coordinator. Here are the things the Study Coordinator MAY will be doing:

- Working with the local Head Start program half-time (mid-May to mid-August) and three-quarter time (mid-August to early December).
- Recruiting children eligible for Head Start
  - Explaining the study plan to parents
  - Representing the Head Start program in the community
- Drawing names are random for the program
- Notifying families about the outcome of the lottery
- Hiring local testers
- Coordinating data collection in the fall

Here are the qualities the Study Coordinator must have (ordered in importance):

1. Be willing to learn new skills (i.e., about evaluating social programs)
2. Be able to handle responsibility and work independently
3. Be familiar with the community
4. Be able to recruit children
5. Have integrity
6. Be flexible and energetic
7. Be willing to travel (a bit for training)
8. Be personable and easy to get along with

The Hiring Process. Here is how the hiring process should proceed:

Before the Visit. Ads will have been placed in local newspapers. A copy of the ad will also be sent to the program. The ad will ask applicants to send resumes or letters to NTS. Appointments for interviewing the applicants should be made to correspond with the schedule that you have set up for each of your sites. You may be able to set up appointments before you leave for your site visit or you may need to call applicants upon your arrival.

On-Site. This is what you will do:

- Review the names of applicants with the program director.
- Conduct the interviews
- Discuss the top choices with the director (if he/she so desires) and prioritize applicants.
- Make offer to applicant.
- If applicant accepts job, have person sign Consultant form (opposite). Applicant keeps one copy; you bring original back to NTS.

Conducting the Interview. Here are some general tips to help you conduct the interview:

1. Make the situation comfortable by arranging an informal setting (may be your hotel room).
2. Set a friendly, supportive tone.
3. Encourage questions.
4. Don't rehash the application, but expand upon it.
5. Ask open-ended questions (What, how, why, tell me about...).
6. Don't interrupt.
7. Be aware of your own body language and biases.
8. Close graciously.

The interview itself should last about 30 to 45 minutes. The next pages are an outline you can use for conducting the interview.

Materials

Before Interview:	During Interview:
Recruiting Information Sheet	Resume or letter
Application	Pencil
Instructions for Interview Task	Pennies
Interview Task	Test Script

1. Introduction
   - o of self and brief description of purpose of site visit
   - o of interview - 30 minutes covering project description, applicant's qualifications, and interview tests
2. Project Description
   - o NTS - private consulting firm in Durham, North Carolina
   - o Federal Contract - nationwide study of educational services of Head Start and new Head Start program (BES)
   - o 47 locations
   - o current site visits - to explain study, elicit cooperation and collect information.
   - o next fall - several local people hired to test children, interview parents and observe in classroom (120 children in study in Head Start sites)
   - o Study Coordinators - to function as liaison between NTS and local program and to coordinate the data collection effort next fall.
     - o start mid-May - 3-day training in Durham, North Carolina
     - o May - August - Varied tasks to help site prepare for study. Might include helping program recruit children, implementing and monitoring random assignment procedure,

assisting in hiring of local testers. Tasks determined by needs of site. (¼-time)

- o mid-September - 1-week training (out-of-town) to learn tests, interviews and procedures for fall data collection
- o September - early December - testing, interviewing, and also coordinating and monitoring work of other testers (3/4-time expected)
- o Paid as consultant - $40/day, biweekly, no benefits
- o Potential for continued employment - anticipate testing every 6 months for several years. Work 3/4-time for 6 months total testing (Spring & Fall) and most likely, ¼ time rest of year.
- o Questions

3. Applicant's Qualifications - Application and Resume (Letter)
   - o Ask if applicant is:
     - o able to be out-of-town for a total of 2 weeks of training (May and September) and able to work out of his own home
     - o able to transport him/herself to school locations
     - o comfortable working in poverty areas
     - o able to handle a work schedule with varying hours
     - o (in appropriate sites) bilingual in Spanish and English
   - o Expand upon applicant's experience, looking for signs of:
     - o ability to communicate with children and adults
     - o ability to work independently
     - o supervising skills
     - o previous work with children, community programs, poverty areas, evaluations or testing

4. Testing Interview Task

   - o statement of purpose and expectations
   - o 5 pennies and a pencil available to applicant
   - o brief time for review and questions
   - o non-stop run-through
   - o reassurance - part of long, very complex Preschool Inventory

5. Liaison Interview Tasks

   - o explain purpose, then pose problem
     - o program needs 120 4-year-olds for study, only able to find 70. What would you do, given the task of helping the program find 50 more children.
   - o In this lottery-type process, one-half of the children are enrolled in Head Start, one-half are not. How do you feel about asking families to be in the study when their children won't be enrolled in the Head Start classes?

6. Conclusion

   - o any questions - are they interested in Head Start if not in this one?
   - o notification
     - o will be contacted by phone if chosen
     - o availability for notification (time, phone)
     - o availability for meeting at end of week

7. Follow-up notes

   - o physical description
   - o impressions
   - o scores
   - o Employment Equal Opportunity Sheet

TESTING INTERVIEW TASK - SCRIPT

Interviewer's Response (as preschool child)		Correct Applicant Response	Desirable Behavior
Rapport.	(answer briefly)	Attempts to establish rapport without using child's name	Ease in rapport attempts
Item 1.	(say first name)	C v	
Item 2.	"that's your elbow"	W v (no repeats)	Pick up skirt or pants to expose knee
Item 3.	"Don't know"/ shrug shoulders	Dk v (1 repeat)	No discussion of bicycles prior to question
Item 4.	(show 10 fingers)/ "five"	W v (1 probe)	
Item 5.	"this one" (point to penny on your right	C v Ø 0 0 0 0	put pennies close to child
Item 6.	(point to penny on your left)	C 0 0 0 0 Ø	
Item 7.	(point to second on left)	W 0 Ø 0 0 0	remove pennies before next item
Item 8.	"I want to play with the pennies"/ point to triangle	C v (1 repeat)	place pictures close to child "graciously" return to repeat of question

Rating Applicants

1. Immediately after an interview, on the applicant score sheet, write the following notes about the applicant.

   - o physical description - simply to help you visualize that person at a later time
   - o test score (score plus any relevant comments)
     - 1 - very good
     - 2 - good, can learn the task
     - 3 - poor, some concern about ability to learn task
     - o Determine score based on ease in rapport building, sticking to wording of test, following test rules, scoring correctly and proper placement of materials.
   - o liaison score (score plus any relevant comments)
     - 1 - very good--logical, creative approach, knows community
     - 2 - good--a good start, would work out well with training
     - 3 - poor--some concern about ability to handle task effectively
   - o general impressions (score plus some comments)
     - 1 - excellent---would love to hire
     - 2 - very good---feel very comfortable hiring
     - 3 - good---would do okay
     - 4 - fair----would only hire in a pinch
     - 5 - poor---will not hige
     - o Rank general impressions based on performance on Test and Liason Tasks, their education, experience and interpersonal skills. In addition. the applicants should be ranked with

the following in mind: their ability to speak and hear well; their interest in and enthusiasm for the study; their stability in and knowledge of the community; their availability; the likelihood of their fitting in with the program staff; their match with the ethnic make-up of the community.

2. Fill in Employment Equal Opportunity sheet
3. After completing last interview, rank all applicants (#1 as most desirable). Put this number on the top of the application forms.

RECRUITING INFORMATION SHEET

NATIONAL EVALUATION OF HEAD START EDUCATIONAL SERVICES
AND BASIC EDUCATIONAL SERVICES (BES) INITIATIVE

The Study

Although previous national evaluations of Head Start have demonstrated that Head Start is successful, little is known about what specific aspects of the program make it work. The Administration for Children, Youth and Families (ACYF) which is a division of the United States Department of Health, Education and Welfare (HEW), currently has a contract with NTS Research Corporation to discover how Head Start programs differ from each other in the ways they help children learn. From this we hope to find out some ways of serving children and their parents that seem to be consistently better than others, in order to help programs improve their services.

Head Start is a national program for preschool-age children who come from low income families. The program is designed to provide comprehensive development services to children and their families. There are currently about 350,000 children enrolled in some 1800 Head Start programs across the country.

The Basic Educational Skills (BES) initiative was developed by ACYF for Head Start in response to President Carter's call for efforts to assit children in acquiring the basic skills they need to function successfully in complex society. ACYF has chosen several Head Start programs throughout the United States in which to kick off this effort. In addition to developing curricula to address basic skills, the BES program proposes to establish continuity between Head Start and the public schools.

For this evaluation we need: 1) test results from over 4,200 children; 2) interview data from their parents and teachers; and 3) information on

their program's operation. This information will be collected from approximately 50 locations across the nation during this Spring and Fall.

Role of the Study Coordinator

The role of the Study Coordinator is to act as the link between the local Head Start program and NTS Research Corporation. In the spring and summer months this function will include a variety of tasks to help the program and NTS prepare for the fall data collection effort. In August the Study Coordinator will help hire three other local people who will work for NTS in the fall. During those months (September - early December) the coordinator's responsibilities will include coordinating and monitoring the work of these three people as well as testing some children and interviewing their parents.

The Interview

For this interview, please fill out the accompanying application. As a part of the interview, we will be asking you to do a task similar to the one you will be conducting next fall with children. This will give you an idea of some of the work involved. Attached is an instruction sheet for this task. Review the instructions carefully before going in for your interview. We're not expecting perfection, but just looking for some indication of your ability to handle such a task.

AD

NATIONAL HEAD START STUDY
STUDY COORDINATOR

Work on various tasks with local Head Start program and families of preschool-age children in preparation for a national study of Head Start programs, children and families (½ time mid-May through August). After August, test children, interview parents, coordinate work of other local interviewers (3/4 time September through early December). Training provided at two one-week conferences (May and September) held out-of-town. Potential for continued part-time employment after fall.

BA/BS in Social Science (or equivalent work experience) and familiarity with community required. Experience with children, community programs or testing helpful. *Bilingual in English and Spanish desired.

$40/day plus expenses

Send Resume to: Sherri Shepherd
NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707
(919) 493-3451

AN EQUAL OPPORTUNITY EMPLOYER - MALE/FEMALE

* Included only at the following sites:

Spring, 1979

EMPLOYMENT APPLICATION

National Evaluation of Head Start Educational Services
and Basic Educational Skills Initiative

Date: 2/28/79

Name: Linda Bailey

Mailing Address: 2019 Englewood Ave
(Street)

Durham NC 27705
(City) (State) (Zip)

Phone: 919 286-2496
(area code)

Social Security Number: 228-72-8806

What is your current level of education?

	Years Completed	Degree/Major
College	1 2 3 (4)	2 Paralegal Asst. 3 Executive Asst.
Graduate school	1 2 3 4+	

Are you presently enrolled in school? X No ___ Yes

Are you currently employed? ___ No X Yes

Employment History (Start with most recent)

Name and Type of Business	Dates of Employment	Type of Work You Did
Edwards + Johnston Law Offices	1976 - to date	Paralegal
Sw. - yz + ch. family planning		
day care		
supervisory - 8 Branch Manager		Training, managing

How long have you lived in this area? 3yrs

Do you have a valid driver's license? ___No ✓Yes

Do you have any physical difficulties that would preclude you from performing certain types of work?

✓No ___Yes. (Please explain)_____

Please list two work references.

Name:	George Love	B. Peggy
Address:	Durham NC	Lynchburg Va
Phone:	223-4351	846-4759
Relationship:	None	none

How did you find out about this job? Morning Herald
(If newspaper-please give name).

Signature: Linda Bailey

EQUAL OPPORTUNITY EMPLOYER - MALE/FEMALE

Spring, 1979

Instructions for Interview Task

National Evaluation of Head Start Educational Services and Basic Educational Skills Initiative

For this task, the person who is interviewing you will be acting as a preschool child, while you take the part of the tester. The questions on this instrument are similar to the ones you will be working with next Fall. Feel free to write notes on this sheet or the test form. There are eight questions you will ask the child. In any type of child activity it is crucial to put the child at ease before starting, so spend a few minutes establishing rapport before asking the first question. However, once you start, it is important you:

*read all questions exactly as written;

*follow all rules precisely;

*keep extra conversation to a minimum.

1. When administering the test, what you read out loud is written in CAPITAL LETTERS. Sentences that are not totally capitalized are instructions to you on what to do. Read each question EXACTLY AS IT IS WRITTEN.

2. If the child gives an answer (Correct or Wrong) score the response and go on to the next question.

3. If the child doesn't respond (Don't know, Refusal or No Response) you may repeat the question ONCE, then score the response. Never repeat the question if the child's initial answer is wrong, only if it falls in the Don't Know, Refusal or No Response categories. For example: Tester: "How many toes do you have?"
   Child: shrugs shoulders.
   Tester: "I'll bet you know. How many toes do you have?"
   Child: "I don't know"
   (Circle "DK" and "V" and go on to next item.)

4. To score the response, circle one of the response category codes. They are:

   C for CORRECT
   W for WRONG

DK for DON'T KNOW (child says "Don't Know" or shrugs shoulders)
R for REFUSAL(verbally or physically demonstrates refusal to response to questions)
NR for NO RESPONSE (child neither says nor does anything)

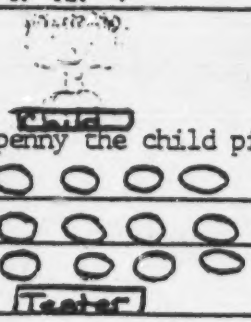
5. In addition to circling the response code, on all items you must also indicate whether the child's response was verbal. Verbal "V" is circled if the child says anything at all after you have asked the question.

6. Items 1-4 require a verbal response to be correct. For example on Item 3 if the child held up two fingers, he wouldn't be marked correct unless he also said "two". In such a case, when the child has given a partially correct answer, instead of repeating the question, you can PROBE ONCE. Say something like "How many is that?"

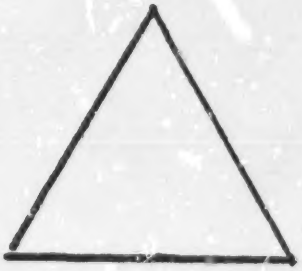
7. Questions that don't require a verbal response to be correct (Items 5-8) are circled. On these the child can simply point. On items 5-7, in addition to scoring the responses, indicate the penny that the child chose. On Item 5 (first penny) the child is correct if he chose the penny on either end. After that, his answers on the following items must be consistent with his choice on Item 5. The pennies necessary for these items will be provided by the interviewer.

INTERVIEW TASK

1.	WHAT IS YOUR FIRST NAME?	C W DK R NR v
2.	Point to your knee and say: WHAT IS THIS?	C W DK R NR v
3.	HOW MANY WHEELS DOES A BICYCLE HAVE?	C W DK R NR v
4.	HOW MANY TOES DO YOU HAVE?	C W DK R NR v
5.	Put five pennies in front of the child and say: PUT THESE PENNIES NEXT TO EACH OTHER IN A ROW POINT TO THE FIRST ONE	C W DK R NR v
6.	POINT TO THE LAST ONE	C W DK R NR v
7.	POINT TO THE SECOND ONE	C W DK R NR v
8.	Give the child sheet with drawings (attached) and say: POINT TO THE ONE THAT IS MOST LIKE A TENT	C W DK R NR v



Show this page to the child when you ask Question #8.



APPLICANT SCORE SHEET

Name _____

Physical Description _____

_____

_____

_____

Test Score: 1 2 3

Comments: _____

_____

_____

Liaison Score: 1 2 3

Comments: _____

_____

_____

General Impressions: 1 2 3 4 5

Comments: _____

_____

_____

NTS RESEARCH CORPORATION

TELEPHONE REFERENCE CHECK

Name of Applicant _____

Reference _____ Title _____

Company Where
Applicant Worked _____ Telephone #: _____

1. Mr./Mrs. _____ has applied for employment with us. I would like to verify some of the information given us. When did (s)he work for your company?

   From _____, 19__ To _____, 19__.

2. What was his/her job when (s)he started to work for you?

   _____

   When (s)he left? _____

3. Why did (s)he leave your company? _____

   _____

4. What did you think of him/her? (Quality and quantity of work, attendance, how (s)he got along with others, etc.)? _____

   _____

5. Do you think he/she works well without close supervision? _____

   _____

6. According to your records, does (s)he have any physical impairments? _____

7. Would you re-employ him/her? ____Yes ____No (If not, why not?

   _____

   Additional Comments: _____

   _____

   _____

Date of Check _____,19__.

Made By: _____

F-20

Area ___

Contract or Department ___

Position ___

Filled by ___

Date ___

APPLICANT FLOW STATISTICS

(This information is for EEO Compliance Purposes Only)

DATE	APPLICANT NAME	CHECK APPROPRIATE COLUMNS: RACE: WHITE	BLACK	ASIAN	AMERICAN INDIAN	SPANISH AMERICAN	SEX: MALE	FEMALE	REFERRAL SOURCE	(Indicate by Number) DISPOSITION

198

REFERRAL SOURCE:

1. WALK-IN
2. ADV (NAME OF PAPER)
3. AGENCY NAME
4. EMPLOYEE REFERRAL (NAME)
5. PERSONNEL REFERRAL (UNSOLICITED RESUME)
6. RECALL/REHIRE
7. JOB BANK REFERRAL

199

DISPOSITION:

1. Interviewed, no offer
2. Interviewed, offer, rejected
3. Interviewed, offer, accepted

F-21

REPRO =

APPENDIX G

Site Report Booklet

SAMPLE

Site Report Booklet

Site Name: White Pkins County Head Start

Address: Sioux Fall, S.D.

Site Visitor: Dan Palmer

Dates of Visit: March 19-23, 1979

SAMPLE

Site Report Booklet

The Site Report Booklet is used to summarize your site experiences and the Sites reaction to the overall project design. It gives you the opportunity to document both the positive and the negative aspects of the site visit. In addition, the booklet is designed to assist you in organizing different tasks which you must complete during the visit. Presented below is a brief description of each of the forms in the booklet:

A. The Meeting Schedule - is used to schedule the meetings you actually conducted during the visit. Space has been allocated by day to enter the time the meeting begins, the location of the meeting and the name of your contact person (the person who will introduce you). The schedule is included for your convenience.

B. The Site Directory - is used to list the name and identifying information of key site personnel. Part of the directory may be completed prior to your site visit. The site directory is not only beneficial to you, but will also be useful to the next NTS employee who visits the site.

C. The Meeting Report Form - is used to summerize the meeting. A total of 20 Meeting Report Forms are included in your booklet. The Form is completed for each meeting held. Please note that space has been allocated to record the positve reactions to the meeting and areas of concern. For example:

positive: The Program Director was very interested in the recruitment and use of a control group.

concerns: The Teachers were concerned about the classroom observations, thought it would be disruptive.

Please make these entries short and precise. We suggest that you take notes during meetings and later enter notes on the Meeting Report Form.

D. The Site Contact Form - is completed for each of the following groups:

A. Program Management (Program and Center Directors, BES Coordinator)
B. Program Specialists (Ed. Services Coord.; Parent Coordinator)
C. Teachers
D. Grantee Staff
E. Delegate Staff
F. Public School Officials
G. Parent Policy Committee
H. Other (Specify Title)

The Contact Form is used to record the group's reactions to key items. To the right of the evaluation code space has been allocated to explain your rating. Please enter an explanation only when you feel that it is relevant. For example:

1) If the overall reaction to the classroom observations was average (04), it is not necessary for you to explain why you rated it as average. However, if the overall reaction was very negative (07), you would obviously have specific reasons for rating it as very negative (i.e. we do not want any rating out classroom, it would disrupt the classroom etc.)

E. The Questions and Answers Form - is used to record key questions which were asked during your site visit. Again record only the questions which you feel are key questions which may be asked again at other sites or questions which you felt uncomfortable or unsure about. In all cases, record the answer you gave.

F. General Impressions - is completed at the end of the visit. It is intended to give anyone else reading your report a "feeling" for the site: the setting people, atmosphere, etc.

Site Directory
(complete during visit)

Description	TITLE (Dr., Ms., etc.)	NAME: First	Last	STREET ADDRESS: St. #	St. Name	LOCATION: City	State	Zip	TELEPHONE NUMBER (Area Code)
Program Director		Grace	Williams	110 Peace St.		Sioux Falls	S. Dak.	57117	(605) 338-5111
Center Director		Leanne	Johnson	RR 3 (Hopkins Center)		"		40892	(605) 248-1269
HSS Coordinator	none								
Grantee Representative		Grace	Williams						
Delegate Representative									
Public School Official	Dr. (Supt. of Schools)	Allen	Jackson	1469 14th St NW		"		40817	(605) 882-1641
1.									
2.									
3.									
Other (specify)									
1.									
2.									
3.									

G-5

SAMPLE

Meeting Report Form

(Complete Daily)

SAMPLE

I. Background Data

1. Program Name White Plains County Head Start Data Collector Dan Palmer
2. Meeting Date 3/19/79 Time of Meeting 9:00 To 10:00 am
3. Number of people who attended the meeting 1

II. Meeting:

1. Who attended the meeting? (*circle all that apply*)

Program Director	(.01)
BES Coordinator	02
Center Director	03
Delegate Representative	04
Grantee Representative	.05
Observed Teacher 1	.06
Observed Teacher 2	.07
Other Teacher	08
Parent Council	.09
Education Coordinator	10
Parent Coordinator	.11
Public School Personnel	12
Other (*specify*)	
1. _____	13
2. _____	14
3. _____	15
4. _____	16
5. _____	17

2. In general, how would you rate your presentation?

Excellent	.01
Good	02
Average	(.03)
Fair	04
Poor	05

3. In your opinion what was the overall reaction to the meeting?

Excellent	01
Good	(.02)
Average	03
Fair	.04
Poor	.05

4. Please describe the positive reactions to the meeting (Please use exact quotes).

liked slide-tape presentation

5. Please describe any areas of concern which were voiced at this meeting (Please use exact quotes).

"Concerned about lack of immediate feedback"
"would like to have Regional Office role precisely defined"
"will SAVE team have access to this information?"
"how will you decide which tests to use with children?"

(Complete Daily)

SAMPLE

I. Background Data

1. Program Name White Plains County Head Start Data Collector Dan Palmer
2. Meeting Date 3/19/79 Time of Meeting 10:30 am To 1:45 pm
3. Number of people who attended the meeting 1

II. Meeting:

1. Who attended the meeting? (*circle all that apply*)

Program Director 01
BES Coordinator 02
Center Director 03
Delegate Representative 04
Grantee Representative 05
Observed Teacher 1 06
Observed Teacher 2 07
Other Teacher 08
Parent Council 09
Education Coordinator 10
Parent Coordinator 11
Public School Personnel . . . . (12) Supt. Jschools
Other (*specify*)
1. _____ 13
2. _____ 14
3. _____ 15
4. _____ 16
5. _____ 17

2. In general, how would you rate your presentation?

Excellent 01
Good . . . . . (02)
Average 03
Fair 04
Poor 05

3. In your opinion what was the overall reaction to the meeting?

Excellent 01
Good 02
Average . . . . . (03)
Fair 04
Poor 05

4. Please describe the positive reactions to the meeting (Please use exact quotes).

very positive response to slide presentation

5. Please describe any areas of concern which were voiced at this meeting (Please use exact quotes).

very concerned about future role of public schools - in particular - "concerned about spending more time testing our children than teaching them." wanted to know who could tell him more about future plans

(Complete Daily)

SAMPLE

I. Background Data

1. Program Name White Plains County H.S. Data Collector Dan Palmer
2. Meeting Date 3/19/79 Time of Meeting 3:30 To 5:10 pm
3. Number of people who attended the meeting 12

II. Meeting:

1. Who attended the meeting? (*circle all that apply*)

Program Director	(.01)
BES Coordinator	02
Center Director	(.03)
Delegate Representative	04
Grantee Representative	.05
Observed Teacher 1	(.06)
Observed Teacher 2	(.07)
Other Teachers	(.08)
Parent Council	.09
Education Coordinator	(.10)
Parent Coordinator	(.11)
Public School Personnel	12
Other (*specify*)	
1. president of Parent Policy Council	13
2. _____	14
3. _____	15
4. _____	16
5. _____	17

2. In general, how would you rate your presentation?

Excellent	(.01)
Good	02
Average	.03
Fair	04
Poor	05

3. In your opinion what was the overall reaction to the meeting?

Excellent	01
Good	(.02)
Average	03
Fair	.04
Poor	.05

4. Please describe the positive reactions to the meeting (Please use exact quotes).

We're pleased about being selected

5. Please describe any areas of concern which were voiced at this meeting (Please use exact quotes).

- That results could affect funding
- That program (class) time would be lost to testing & observing
- That they wouldn't get to see results immediately

Meeting Report Form

(Complete Daily)

SAMPLE

I. Background Data

1. Program Name White Plains County Head Start Data Collector Dan Palmer
2. Meeting Date 3/25/79 Time of Meeting 7:00 To 9:00 pm
3. Number of people who attended the meeting 19

II. Meeting:

1. Who attended the meeting? (*circle all that apply*)

Program Director	(.01)
BES Coordinator	02
Center Director	03
Delegate Representative	04
Grantee Representative	.05
Observed Teacher 1	.06
Observed Teacher 2	.07
Other Teacher	08
Parent Council	(.09)
Education Coordinator	10
Parent Coordinator	.11
Public School Personnel	12
Other (*specify*)	
1. _____	13
2. _____	14
3. _____	15
4. _____	16
5. _____	17

2. In general, how would you rate your presentation?

Excellent	(.01)
Good	02
Average	.03
Fair	04
Poor	05

3. In your opinion what was the overall reaction to the meeting?

Excellent	01
Good	.02
Average	(.03)
Fair	.04
Poor	.05

4. Please describe the positive reactions to the meeting (Please use exact quotes).

several parents stated that if Mrs. Williams thought this was a good idea, they would certainly back her up

5. Please describe any areas of concern which were voiced at this meeting (Please use exact quotes).

wanted to know "who was selecting child tests - and on what basis"
"how much will parents be asked to reveal about their income level - and other private information."
"how will parents be paid?"

SAMPLE
82

QUESTIONS AND ANSWERS

(fill in daily)

1) When will be receive feedback about our performance?
- This is not an assessment of individual programs - but rather, an examination of the Head Start experience. We can't really give you feedback immediately, as that might affect the study results but hope that information will be released to you after your last group of 4 yr olds finishes Head Start (in about 3 years)

2) What, precisely, is the regional office's role in this?
- Minimally involved - couldn't answer much more - called Judy McNeil for a better answer

3) Will the SAVI team have access to this information?
(couldn't remember what SAVI meant) - called Judy and asked her for clarification

4) How will you decide which tests to use with children?
for next fall - tests selected on basis of relevancy to Head Start population, use in other large-scale studies, able to be administered individually & easily. Not intelligence tests, but assessments of skills in several areas - pre-reading & pre-writing, math, concept formation, problem-solving, etc.

5) Role of public schools in future
As yet not fully clear, as ACYF hasn't decided & a contractor definitely hasn't been selected. Likely to test children & interview parents once a year. Schools may have to allow some testing during school hours & allow observers into classrooms. Certainly anticipate that school officials will be asked for input.

SAMPLE
83

QUESTIONS AND ANSWERS

(fill in daily)

6) Will the results affect our funding?
We certainly don't expect so. Can't promise that information won't be seen by ACYP & regional offices but we have been t/d that results are unrelated to funding.

7) How much program time will be lost to testing & observing?
Testing - none - done outside program time & premises
Observing - will try to interfere minimally -

8) How much will parents be asked to reveal about their income level - & other private info?
Will be asked about income, education, etc. - but all information is confidential. Parents may also refuse to answer any question with absolutely no consequences

9) How will parents be paid?
We expect that parents will be paid $10 for each interview - and will be paid by check

10) PD wanted info on my finding this week. I responded by showing her the COI - but not the Teacher Interviews - as they are confidential. I also t/d her that the classroom observations weren't coded or tabulated, so I really couldn't tell her much about them.

SAMPLE

84

GENERAL IMPRESSIONS
(Complete at end of visit)

Instructions: Describe in paragraph form your impressions of the site in terms of: physical setting, the people you met, the families served, management style, general atmosphere, etc. The purpose of this section is to prepare NTS staff for future visits to the site.

White Plains City Head Start is a program with both rural and urban centers. All three rural centers have one classroom each and are located some distance from the city. The families involved in the rural centers are primarily Caucasian; there are a few American Indian families as well. All speak English as a primary language. The one urban center has all Caucasian families except two (maybe three) Vietnamese families. The Vietnamese families (I met some of them at the Parent Policy Council meeting) speak some English. Income levels appear to be mixed, with lower incomes in the rural areas.

All the centers are located in older school buildings; all but one rural center also have some elementary classrooms in the building. In each rural center, there was one lead teacher who also really functioned as the center director. The urban center has three classrooms. The program director (Grace Williams) also acts as the center director there. The program director and lead teachers have worked in the program for a long time; the other teachers and aides appear to change quite frequently. Everyone at the lead teacher and above level was Caucasian.

The program appeared to be quite stable and cohesive. I had the feeling that the people had operated together as a unit for a long time and had a cooperative

understanding of their goals. The Parent Advy Committee, in particular, was very supportive of the administrative staff.

Everyone asked a lot of good questions about the evaluation. They clearly had discussed it before I arrived and were prepared for my visit.

One major problem I encountered concerned the CBI. The PD told me to interview Leanne Johnson (one of the rural centers' teachers). She (Leanne) wanted me to also give her the TI & observe her classroom. I didn't think I should do that. She was clearly upset with me for refusing. I discussed it with the PD & think it got straightened out. The other problem was that one of the teachers I interviewed and observed thought I was coming on Wednesday; I understood our appointment was for Tuesday. It worked out alright (I changed my plans and came back on Wednesday), but ended up having to stay until late Friday to finish all my Study Coordinator interviews as a result.

To future visitors: try not to change your plane schedule out of Sioux Falls. I'd get out Friday, but only with considerable hassle and a very long layover in the Minneapolis - St. Paul airport.

VI: PROBLEMS AND HOW TO DEAL WITH THEM

APPENDIX H

Parent Interview

PARENT INTERVIEW

SPRING, 1979

Interviewer Name _____

Date of Interview ____ / ____ / ____
month day year

BEFORE WE BEGIN I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE HELPING THE UNITED STATES ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES GET SOME INFORMATION ABOUT PROGRAMS THAT SOME CHILDREN ATTEND BEFORE THEY GO TO KINDERGARTEN. HEAD START IS ONE OF THESE PROGRAMS. WE ARE TALKING TO PARENTS WHOSE CHILDREN ARE INVOLVED IN HEAD START AND TO PARENTS WHOSE CHILDREN ARE NOT INVOLVED IN HEAD START. WE SELECTED YOU AS ONE OF THE PARENTS WE WANT TO TALK TO. YOU CAN HELP US FIND OUT HOW WELL HEAD START SEEMS TO BE WORKING, AND HOW WE MIGHT MAKE IT BETTER. WE ESPECIALLY WANT TO KNOW HOW MUCH HEAD START OR OTHER PROGRAMS HELP CHILDREN WHEN THEY GET TO SCHOOL.

PLEASE REMEMBER THAT YOU ARE ONLY DOING THIS TO HELP, AND THAT YOU DON'T HAVE TO IF YOU DON'T WANT TO. IF YOU DON'T LIKE SOME QUESTIONS I ASK, DON'T ANSWER THEM. YOUR ANSWERS WILL BE KEPT PRIVATE. NOTHING YOU SAY HERE WILL BE REVEALED TO ANYONE IN A WAY THAT IDENTIFIES YOU OR YOUR FAMILY.

BEFORE WE START THE INTERVIEW I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM. AFTER THE INTERVIEW I CAN THEN PAY YOU $10 FOR YOUR ASSISTANCE IN THIS STUDY.

PARENT CONSULTATION FORM
HEAD START/BASIC EDUCATIONAL SKILLS STUDY

NTS Research Corporation
2634 Chapel Hill Boulevard
Durham, North Carolina 27707

Parent's Name (print) _____

Address _____

Telephone _____

Social Security Number _____

I agree to serve as a consultant to NTS Research Corporation on the development of a parent interview to be used in a study of Head Start/ Basic Educational Skills programs.

I agree to be interviewed with a pilot version of the parent interview. I understand that my answers to the interview questions will help NTS improve the interview before it is used in the Head Start/ Basic Educational Skills study.

I have been told that the information from the interview with me will be confidential. Only authorized people will be allowed to see any of the interview records.

I will receive $10.00 for serving as a consultant to NTS Research Corporation.

_____ _____
Date Signature of parent

The consultant has responded to the parent interview and has received $10.00 from NTS Research Corporation.

_____ _____
Date Signature of authorized NTS employee

_____ _____
Date Signature of Parent

For all parents in the study

TIME STARTED _____ AM PM

PART I: Description of Preschool Program

1. BEFORE I ASK ANY QUESTIONS ABOUT _____, WHAT IS YOUR RELATIONSHIP TO HIM/HER?

   mother, stepmother. 01
   father, stepfather. 02
   older brother, sister 03
   grandmother, grandfather, aunt, uncle . .04
   babysitter, friend, neighbor. 05
   foster mother 06
   foster father 07

2. ARE YOU PRIMARILY RESPONSIBLE FOR RAISING _____ AND TAKING CARE OF HIM/HER?
   child's name

   yes. 01
   no . . . . . .02 *(Stop Interview)*

3. IS _____ IN A PRESCHOOL OR DAY CARE PROGRAM NOW?
   child's name

   yes. 01
   no . . . . . .02 *(Go to Q.18)*

4. WHAT KIND OF PRESCHOOL OR DAY CARE PROGRAM IS IT?

   HEAD START 01
   DAY CARE IN A PRIVATE HOME 02
   DAY CARE IN A CENTER 03
   A COOPERATIVE DAY CARE 04
   A PRESCHOOL RUN BY THE PUBLIC SCHOOLS. 05
   OTHER PRESCHOOL PROGRAM. 06

5. HOW MANY DAYS A WEEK DOES (S)HE ATTEND?

   number of days _____

6. HOW MANY HOURS A DAY IS (S)HE AT HEAD START (or THE PRESCHOOL)?

   full day (4 hours or more). 01
   part day (less than 4 hours). 02

7. DO YOU HAVE TO PAY FOR _____ TO ATTEND?
   child's name

   yes. 01
   no 02

8. HOW MANY CHILDREN ARE IN _____'S ROOM?
   child's name

   number of children _____

9. HOW MANY ADULTS ARE PRESENT TO CARE FOR _____'S ROOM?
child's name

number of adults _____

10. ARE THE ADULTS WHO WORK THERE TEACHERS, PARENTS OF CHILDREN ENROLLED, OR OTHER ADULTS FROM THE COMMUNITY?

teachers. 01
parents 02
other adults. 03

11. HOW DID YOU FIND OUT ABOUT HEAD START (THE PRESCHOOL)?

(Circle all that apply)

newspaper. 01
social services, physician 02
friend, relative 03
door to door recruitment 04
school system. 05
posters in store, housing projects 06
mailed announcements 07
other *(specify)*_____

12. WHO MADE THE FIRST CONTACT WITH THE PRESCHOOL, DID YOU GO TO HEAD START (THE PRESCHOOL), OR DID SOMEONE FROM THERE COME TO YOU?

parent initiative. 01
program initiative 02
other initiative, e.g. social services 03
other *(specify)*_____

13. WHY DO YOU WANT _____ IN A PROGRAM?
child's name

(Circle all that apply)

to give him/her help for school. 01
to help him/her get along with other children. 02
to provide child care. 03
to help him/her with his/her problems. 04
to provide services, such as health ot dental. 05
other *(specify)*_____

14. WHAT MADE YOU CHOOSE THIS PROGRAM OVER OTHER PROGRAMS?

only one available. 01
cost. 02
convenience-location. 03
convenience--hours of operation 04
other *(specify)* _____

15. IN ADDITION TO THIS PROGRAM IS _____ IN ANY OTHER PRESCHOOL PROGRAM?
child's name

yes. 01
no . . . . . .02 *(Go to Q.18).*

16. HOW MANY DAYS A WEEK DOES _____ GO TO THE OTHER PRESCHOOL?
child's name

number of days _____

17. HOW MANY HOURS A DAY DOES HE/SHE GO TO THIS OTHER PRESCHOOL?

full day (4 or more hours). 01
part day (less than 4 hours). 02

18. HOW MANY BROTHERS AND SISTERS ARE LIVING AT HOME WITH _____?
child's name

none. . . . . .00 *(Go to Q.27).*
number of brothers and sisters_____

19. HOW MANY ARE OLDER? *(If zero enter 0)*

number of older _____

20. HOW MANY ARE YOUNGER? *(If zero enter 0)*

number of younger_____

21. PRIOR TO THIS SCHOOL YEAR WERE ANY OF _____'S BROTHER OR SISTERS
child's name
IN HEAD START OR ANY OTHER PRESCHOOL PROGRAM?

yes. 01
no . . . . . .02 *(Go to Q.24)*

22. HOW MANY OF _____'S WERE IN . HEAD START? *(If zero enter 0)*
child's name

number in Head Start_____

23. HOW MANY WERE IN OTHER PRESCHOOL PROGRAMS? *(If zero enter 0)*

number in other preschools_____

24. ARE ANY OF _____'S BROTHERS OR SISTERS CURRENTLY IN A HEAD START
child's name
OR OTHER PRESCHOOL OR DAY CARE PROGRAM?

yes. 01
no . . . . . .02 *(Go to Q.27)*

25. HOW MANY OF _____'S BROTHERS OR SISTERS ARE CURRENTLY IN HEAD
child's name
START? *(If zero enter 0)*

number in Head Start _____

26. HOW MANY ARE CURRENTLY IN OTHER PRESCHOOL PROGRAMS? *(If zero enter 0)*

number in other preschool programs_____

27. WAS _____ IN ANY OTHER PRESCHOOL OR DAY CARE PROGRAM BEFORE THIS
child's name
FALL?

yes. 01
no . . . . . .02 *(Go to Q.29)*

28. HOW MANY MONTHS WAS _____ IN THAT PRESCHOOL PROGRAM?
child's name

number of months _____

NOTE: If the child is not currently attending Head Start or Preschool go to question 79, otherwise, continue to question 29.

For parents of children currently in Head Start or another program

PART II: Information on health and dental services

29. NOW I WOULD LIKE TO FIND OUT A LITTLE ABOUT _____'S HEALTH.
child's name

WHEN WAS THE LAST TIME _____ WENT TO A DOCTOR, HEALTH CENTER OR CLINIC?
child's name

never. . . . . .01 *(Go to Q.34)*

_____/_____
month year

30. WAS THIS LAST VISIT FOR A CHECK UP OR FOR SOMETHING ELSE?

check-up. . . . . .01 *(Go to Q.32)*
something else. . . .02

31. WHEN WAS THE LAST TIME _____ HAD A CHECK UP?
child's name

_____/_____
month year

32. DID _____'S PRESCHOOL HELP MAKE ARRANGEMENTS FOR THE VISIT?
child's name

yes. 01
no 02

33. DID THE PRESCHOOL HELP PAY FOR THE VISIT?

yes. 01
no 02

34. I'D LIKE TO FIND OUT WHAT SHOTS _____ HAS HAD?
child's name

HAS (S)HE HAD:	*(Circle one code per line)* yes	no	dk
DPT SHOTS?	01	02	98
POLIO SHOTS?	01	02	98
MEASLES SHOTS?	01	02	98

35. WHEN WAS THE LAST TIME _____ WENT TO A DENTIST?
child's name

never. . . . . .01 *(Go to Q.40)*

_____/_____
month year

36. WAS THIS LAST VISIT FOR A DENTAL CHECK UP OR FOR SOMETHING ELSE?

check-up. . . . . .01 *(Go to Q.38)*
something else. . . .02

37. WHEN WAS THE LAST TIME _____ HAD A DENTAL CHECK UP?
child's name

_____/_____
month year

38. DID _____'S PRESCHOOL HELP MAKE ARRANGEMENTS FOR THIS LAST
child's name
DENTAL VISIT?

yes. 01
no 02

39. DID THE PRESCHOOL HELP PAY FOR THE VISIT TO THE DENTIST?

yes. 01
no 02

For parents of children currently in Head Start or another program-otherwise skip to Q.79

PART III: Parent Involvement

40. I'D LIKE TO ASK YOU A LITTLE ABOUT YOUR ACITVITIES WITH _____'S
child's name
PRESCHOOL PROGRAM. HOW OFTEN, HAVE YOU SPOKEN WITH _____'S
child's name
TEACHERS OR ONE OF THE OTHER STAFF MEMBERS AT THE PRESCHOOL?

not at all. . . . . .01 *(Go to Q.45)*
ONCE A MONTH OR LESS. 02
ONCE A WEEK 03
2-3 TIMES A WEEK. 04
other *(specify)*_____

41. I AM GOING TO READ A LIST OF THINGS YOU MIGHT HAVE DISCUSSED AT THE PRE SCHOOL. PLEASE TELL ME IF YOU DISCUSSED ANY OF THESE THINGS WITH _____ TEACHERS OR OTHER STAFF MEMBERS AT THE PRESCHOOL.
child's name

(Circle one code per line)

HAVE YOU EVER DISCUSSED:	Yes	No
A. _____ EDUCATION AT THE PRESCHOOL.	01	02
B. EDUCATIONAL ACTIVITIES YOU COULD DO AT HOME WITH _____.	01	02
C. _____'S DIET, THINGS LIKE WEIGHT CONTROL, FOOD ALLERGIES, LACK OF APPETITE, ETC.	01	02
D. HOW TO OBTAIN GOOD MEDICAL OR DENTAL SERVICES	01	02
E. _____'S HEALTH, FOR EXAMPLE, TREATMENT OF AN ILLNESS, GOOD HYGIENE, OR WHETHER OR NOT FLU SHOTS WERE NEEDED.	01	02

42. *(This question has been deleted).*

43. *(This question has been deleted).*

44. *(This question has been deleted).*

45. HAVE YOU VISITED IN _____ CLASSROOM DURING CLASS TIME THIS SCHOOL YEAR?
child's name

yes. 01
no . . . . . .02 *(Go to Q.48)*

46. HOW OFTEN HAVE YOU VISITED IN HIS/HER CLASSROOM?

ONCE A MONTH OR LESS. 01
ONCE A WEEK 02
2-3 TIMES A WEEK. 03
other *(Specify)*_____

47. I AM GOING TO READ YOU A LIST OF THINGS YOU MIGHT HAVE DONE WHILE VISITING IN _____ CLASSROOM. PLEASE TELL ME WHICH OF THESE
child's name
THINGS YOU DID IN THE CLASSROOM. *(For each yes response ask -* DID YOU DO THIS WITHIN THE LAST MONTH?

DID YOU:	No	Yes →	Yes	No
SUPERVISE FREE PLAY	02	01	01	02
READ TO THE CHILDREN	02	01	01	02
HELP WITH ART PROJECTS	02	01	01	02
SET UP MATERIALS FOR TEACHER, SUCH AS PAPER AND PENCILS, SNACKS, ETC.	02	01	01	02
HELP WITH FIELD TRIPS	02	01	01	02
TELL CHILDREN ABOUT PHYSICAL EXAMS	02	01	01	02
EXPLAIN A PHYSICAL HANDICAP	02	01	01	02
TALK TO CLASS ABOUT SAFETY	02	01	01	02
HELP WITH A COOKING ACTIVITY	02	01	01	02
OTHER *(Specify)*_____			01	02

48. HAVE YOU ATTENDED ANY PATENT EDUCATION MEETINGS HELD BY HEAD START THIS SCHOOL YEAR?

yes 01
no . . . . . 02 *(Go to Q.52).*

49. HOW OFTEN DO YOU ATTEND PARENT EDUCATION MEETINGS?

ONCE A MONTH OR LESS 01
ONCE A WEEK 02
2-3 TIMES A WEEK 03
other *(specify)*_____

50. WHAT WERE THE PURPOSES OF THE MEETINGS THAT YOU ATTENDED? WERE THEY TO LEARN ABOUT:

(Circle one code per line)

	Yes	No
HOW CHILDREN LEARN	01	02
HOW CHILDREN BEHAVE OR FEEL	01	02
WHAT PARENTS CAN DO AT HOME WITH CHILDREN	01	02
ABOUT SERVICES WHICH ARE AVAILABLE IN THE COMMUNITY	01	02
ABOUT FURTHER EDUCATION FOR YOURSELF	01	02
ABOUT HOW TO GET INVOLVED IN THE COMMUNITY	01	02
ABOUT NUTRITION OR COOKING	01	02
ABOUT HEALTH SERVICES AND HOW TO GET THEM	01	02
ABOUT DENTAL SERVICES AND HOW TO GET THEM	01	02
ABOUT FIRST AID OR OTHER HEALTH TOPICS	01	02

OTHER *(Specify)*_____
_____

51. HAVE YOU BEEN TO A PARENT EDUCATION MEETING WITHIN THE LAST MONTH?

yes 01
no 02

52. HAVE YOU EVER ATTENDED HEAD START (OR PRESCHOOL) ACTIVITIES WHICH WERE HELD FOR THE PARENTS' ENJOYMENT OR BENEFIT? ACTIVITIES SUCH AS, HANDICRAFT CLASSES, WEIGHT LOSS CLASSES, ETC.?

yes. 01
no . . . . . .02 *(Go to Q.55)*

53. WHAT WERE THE ACTIVITIES?

(Circle all that apply)

sewing classes, knitting, handicraft. 01
tool lending library. 02
used clothing sale. 03
community action program. 04
social get-togethers. 05
weight loss, exercise program 06
other *(specify)*_____

54. HAVE YOU ATTENDED ANY OF THESE MEETINGS WITHIN THE LAST MONTH?

yes. 01
no 02

55. HAVE YOU EVER SERVED ON ANY PARENT COMMITTEES IN THE PRESCHOOL?

yes. 01
no . . . . . .02 *(Go to Q.58)*

56. WHICH COMMITTEES HAVE YOU SERVED ON?

(Circle all that apply)

policy committee. 01
transportation committee. 02
health committee. 03
education committee 04
other *(Specify)* 1_____
2_____

57. HAVE YOU ATTENDED A PARENT COMMITTEE MEETING WITHIN THE LAST MONTH?

yes. 01
no 02

58. HAVE YOU EVER HELPED TO MAKE DECISIONS ABOUT HOW HEAD START (or THE PRESCHOOL) IS RUN?

yes. 01
no . . . . . .02 *(Go to Q.60)*

59. WHAT KINDS OF DECISIONS HAVE YOU HELPED WITH?

	Yes	No
HIRING OR FIRING OF STAFF.	.01	02
BUDGET	.01	02
WHICH MATERIALS TO PURCHASE FOR THE CLASSROOM. . . .	.01	02
WHICH MATERIALS OR BOOKS ARE TO BE USED IN THE CLASSROOM	.01	02
WHICH PARENT ACTIVITIES ARE TO BE OFFERED.	.01	02

OTHER *(SPECIFY)* 1_____

60. HAVE YOU EVER TALKED WITH OTHER PARENTS ABOUT ENROLLING THEIR CHILDREN IN HEAD START (or THE PRESCHOOL)?

yes. 01
no 02

61. HAS ANYONE FROM THE PRESCHOOL EVER ASKED YOU HOW YOU THOUGHT THE PRESCHOOL PROGRAM COULD BE RUN BETTER?

yes. 01
no 02

62. HAVE YOU EVER WORKED IN HEAD START (or THE PRESCHOOL) AS A VOLUNTEER?

yes. 01
no . . . . . .02 *(Go to Q.64)*

63. WHAT WAS YOUR JOB TITLE(S) AS A VOLUNTEER?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
cook. 09
nutritionist. 10
bus driver. 11
other *(specify)* 1_____
2_____

64. HAVE YOU EVER WORKED AS A PAID EMPLOYEE OF HEAD START (or THE PRESCHOOL)?

yes. 01
no . . . . . .02 *(Go to Q.65A)*

65. WHAT WAS YOUR JOB TITLE(S)?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
cook. 09
nutritionist. 10
bus driver. 11
other *(specify)* 1_____
2_____

65A. HAS ANYONE FROM THE PRESCHOOL EVER VISITED YOUR HOME?

yes. 01
no . . . . . .02 *(Go to Q.66)*

65B. WHO FROM THE PRESCHOOL VISITED IN YOUR HOME?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
other *(specify)* 1_____
2_____

(If code 02 (teacher) is circled go to Q.65C. otherwise go to Q.66).

65C. HOW OFTEN DOES _____'S TEACHER VISIT IN YOUR HOME?
child's name

WEEKLY. 01
MONTHLY 02
LESS THAN MONTHLY 03

65D. WHAT DID YOU TALK ABOUT THE LAST TIME THE TEACHER CAME TO YOUR HOME?

DID YOU TALK ABOUT: *(Circle one code per line)*

		Yes	No
A.	HOW _____ IS DOING IN CLASS?	.01	02
	child's name		
B.	WAYS YOU COULD HELP _____ BY WORKING WITH HIM/HER AT HOME?. . . . . child's name.	.01	02
C.	_____'S GENERAL HEALTH?	.01	02
	child's name		
D.	WAYS YOU COULD PARTICIPATE IN THE PRESCHOOL ACTIVITIES? . . .	.01	02
E.	HOW TO GET SOCIAL SERVICE ASSISTANCE FOR YOUR FAMILY?	.01	02
F.	HOW TO GET AND USE BOOKS OR MATERIALS FOR TEACHING _____ child's name AT HOME?.	.01	02
G.	OTHER *(SPECIFY)* _____		

65E. DID THE TEACHER LEAVE ANY MATERIALS OR BOOKS WITH YOU?

yes. 01
no . . . . . .02 *(Go to Q.65G)*

65F. DID THE TEACHER SHOW YOU HOW TO USE THE MATERIALS THAT SHE BROUGHT FOR _____?
child's name

yes. 01
no 02

65G. DID THE TEACHER EXPLAIN HOW YOU MIGHT WORK WITH _____ TO HELP HIM/HER LEARN?
child's name

yes. 01
no 02

For parent with children in Head Start or another program

PART IV: Satisfaction with the preschool

66. I'D LIKE TO ASK SOME QUESTIONS ABOUT HOW YOU FEEL HEAD START (or THE PRESCHOOL HAS HELPED _____.
child's name

		"YES" WOULD YOU SAY IT HAS HELPED			
		GREAT DEAL	A LITTLE	NO	DK
		01	02	03	98
A.	DO YOU FEEL THAT HEAD START (or THE PRESCHOOL) HAS HELPED YOUR CHILD FEEL MORE SURE OF HIM/HER SELF?				
B.	HAS HEAD START (or THE PRESCHOOL HELPED _____ child's name IN GETTING READY TO LEARN TO READ?	01	02	03	98
C.	HAS IT HELPED TEACH HIM/HER NUMBERS?	01	02	03	98
D.	HAS HEAD START (or THE PRESCHOOL) HELPED HIM/HER LEARN TO GET ALONG WITH OTHERS?	01	02	03	98
E.	HAS IT HELPED HIM/HER LEARN ABOUT DIFFERENT CULTURAL BACKGROUNDS?	01	02	03	98

67. IN GENERAL, HOW HELPFUL DO YOU FEEL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOUR CHILD?

WOULD YOU SAY:
- EXTREMELY HELPFUL. 01
- VERY HELPFUL 02
- SOMEWHAT HELPFUL 03
- NOT HELPFUL. 04
- HARMFUL. 05

For parents with children in Head Start or another program

PART V: Satisfaction with the preschool for the parent.

68. NOW I WOULD LIKE TO ASK YOU HOW HELPFUL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOU PERSONALLY.

	"YES" WOULD YOU SAY IT HAS HELPED A GREAT DEAL	A LITTLE	NO	DK
A. DO YOU FEEL THE STAFF OF HEAD START (or THE PRESCHOOL) HAVE HELPED YOU TO UNDERSTAND WHAT YOUR CHILD IS DOING AT THE PRESCHOOL?	01	02	03	98
B. HAS THE PROGRAM TAUGHT YOU HOW TO HELP YOUR CHILD?	01	02	03	98
C. DO YOU FEEL IT HAS HELPED YOU TO UNDERSTAND HOW CHILDREN LEARN?	01	02	03	98
D. HAS HEAD START (or THE PRESCHOOL GIVEN YOU THE CHANCE TO PLAN YOUR CHILD'S PROGRAM?	01	02	03	98
E. HAS HEAD START (or THE PRESCHOOL) HELPED YOU WITH PROBLEMS YOU HAVE HAD?	01	02	03	98
F. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO KNOW OTHER PARENTS AT THE PROGRAM?	01	02	03	98
G. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO FIND A JOB OR TO GET JOB TRAINING?	01	02	03	98
H. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO TAKE COURSES IN SCHOOL OR COLLEGE?	01	02	03	98
I. HAS HEAD START (or THE PRESCHOOL) HELPED YOU IN ARRANGING MEDICAL, DENTAL AND OTHER HEALTH SERVICES WHEN _____ child's name NEEDED THEM?	01	02	03	98
J. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO FIND AND USE SOCIAL SERVICES SUCH AS CHILD CARE, LEGAL AID, FAMILY COUNSELING WELFARE SERVICES OR HOUSING ASSISTANCE?	01	02	03	98

69. IN GENERAL, HOW HELPFUL DO YOU FEEL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOU PERSONALLY?

WOULD YOU SAY:

EXTREMELY HELPFUL. 01
VERY HELPFUL 02
SOMEWHAT HELPFUL 03
NOT VERY HELPFUL 04
HARMFUL. 05

70. WOULD YOU RECOMMEND THAT YOUR FRIENDS SEND THEIR CHILDREN TO HEAD START (or THIS PRESCHOOL)?

yes. 01
no 02

For parents with children in Head Start or another program

PART VI: Parent Attitutes

71. I AM GOING TO READ SOME STATEMENTS TO YOU THAT OTHER PARENTS HAVE MADE. I WOULD LIKE YOU TO TELL ME IF YOU STRONGLY AGREE, MILDLY AGREE, ARE NOT SURE, DISAGREE MILDLY OR STRONGLY DISAGREE WITH EACH OF THEM. THERE IS NO RIGHT OR WRONG ANSWER. WE'D JUST LIKE TO KNOW HOW YOU FEEL.

	STRONGLY DISAGREE	MILDLY DISAGREE	NOT SURE/ UNCERTAIN	MILDLY AGREE	STRONGLY AGREE
A. THERE IS LITTLE PARENTS CAN DO ABOUT PRESCHOOL POLICIES AND PRACTICES.	1	2	3	4	5
B. I AM EAGER TO HAVE THE TEACHER'S IDEAS ABOUT HOW TO WORK WITH MY CHILD.	1	2	3	4	5
C. NOW THAT MY CHILD IS IN A PRESCHOOL, THE PRESCHOOL HAS THE MAIN RESPONSIBILITY FOR HIS/HER EDUCATION.	1	2	3	4	5
D. NO MATTER HOW WELL EDUCATED A PARENT IS, HE DOESN'T KNOW ENOUGH ABOUT TEACHING YOUNG CHILDREN TO BE ABLE TO GIVE A TEACHER GOOD ADVICE.	1	2	3	4	5
E. WHAT I TEACH MY CHILD AT HOME IS VERY IMPORTANT TO HIS/HER SCHOOL SUCCESS.	1	2	3	4	5
F. PARENTS CANNOT DO MUCH TO CHANGE WHAT HAPPENS AT THE PRESCHOOL.	1	2	3	4	5
G. I WANT THE TEACHER TO TELL ME HOW TO HELP MY CHILD LEARN.	1	2	3	4	5
H. IT IS NOT UP TO ME TO TEACH MY CHILD NOW THAT (S)HE IS IN A PRESCHOOL.	1	2	3	4	5
I. SINCE PARENTS LACK SPECIAL TRAINING IN EDUCATION, THEY SHOULD NOT QUESTION THE TEACHER'S TEACHING METHODS.	1	2	3	4	5

		STRONGLY DISAGREE	MILDLY DISAGREE	NOT SURE/ UNCERTAIN	MILDLY AGREE	STRONGLY AGREE
J.	I CAN TEACH MY CHILD MANY THINGS THAT WILL HELP HIM/ HER IN PRESCHOOL.	1	2	3	4	5
K.	PARENTS CANNOT HAVE A MEANINGFUL EFFECT ON THE PRESCHOOL.	1	2	3	4	5
L.	I WANT THE TEACHER TO HELP ME TO DO A BETTER JOB OF TEACHING MY CHILD AT HOME.	1	2	3	4	5
M.	ONCE MY CHILD IS IN SCHOOL THERE IS LITTLE I CAN DO AT HOME TO HELP EDUCATE HIM/HER.	1	2	3	4	5
N.	BECAUSE OF ALL THE TEACHER'S TRAINING AND EXPERIENCE, PARENTS SHOULDN'T TRY TO TELL HER HOW TO TEACH.	1	2	3	4	5
O.	MY HELP AND INTEREST AT HOME ARE ABSOLUTELY NECESSARY FOR MY CHILD TO SUCCEED IN SCHOOL.	1	2	3	4	5
P.	PARENTS SHOULDN'T INTERFERE SINCE TEACHERS KNOW MORE ABOUT WHAT CHILDREN SHOULD BE TAUGHT.	1	2	3	4	5

For parents with children in Head Start or another program

PART VII: Expectations for the child.

72. IN GENERAL IS _____ ABLE TO DO:
child's name

MUCH MORE THAN OTHER CHILDREN HIS/HER AGE? 01
MORE THAN OTHER CHILDREN HIS/HER AGE?. 02
THE SAME 03
LESS 04
MUCH LESS THAN OTHER CHILDREN HIS/HER AGE? 05

73. HOW WELL IS _____ DOING IN HEAD START (or THE PRESCHOOL)?
child's name

EXCELLENT WORK. 01
GOOD WORK 02
ABOUT AVERAGE 03
POOR WORK 04
VERY POOR WORK. 05
dk. 98

74. IN GENERAL, HOW SATISFIED ARE YOU WITH _____'S PROGRESS
child's name
IN HEAD START (or THE PRESCHOOL)?

EXTREMELY SATISFIED 01
VERY SATISFIED. 02
SOMEWHAT SATISFIED. 03
NOT SATISFIED 04

75. HOW FAR DO YOU HOPE _____ WILL GO IN SCHOOL?
child's name

grade school. 01
junior high school. 02
high school 03
vocational or technical training after high
school 04
college 05
graduate school 06

76. GIVEN THE WAY (S)HE SEEMS TO BE DOING IN SCHOOL NOW, HOW FAR DO YOU THINK _____ WILL GO IN SCHOOL?
child's name

grade school. 01
junior high school. 02
high school 03
vocational or technical training after high
school 04
college 05
graduate school 06

77. HOW WELL DO YOU THINK _____ WILL DO IN SCHOOL?
child's name

EXCELLENT. 01
GOOD 02
ABOUT AVERAGE. 03
POOR 04
VERY POOR. 05

78. HOW SUCCESSFUL DO YOU THINK _____ WILL BE WHEN (S)HE IS AN ADULT?
child's name

VERY SUCCESSFUL. 01
SUCCESSFUL 02
AVERAGE. 03
(S)HE'LL HAVE PROBLEMS 04

PART VIII: Knowledge and use of community resources

79. NOW I AM GOING TO READ A LIST OF PLACES AND SERVICES THAT YOU MIGHT HAVE HEARD OF. FOR EACH ONE, PLEASE TELL ME IF YOU HAVE EVER HEARD OF IT AND IF SO HAVE YOU EVER USED IT.

	HAVE YOU EVER HEARD OF		(IF HEARD) HAVE YOU USED		*(if used)* DID HEAD START (or THE PRESCHOOL) HELP YOU IN ANY WAY	
	NO	YES	NO	YES	NO	YES
FOOD STAMPS	02	01	02	01	02	01
MEDICAID	02	01	02	01	02	01
FOOD COMMODITIES	02	01	02	01	02	01
PUBLIC HEALTH CLINICS	02	01	02	01	02	01
MENTAL HEALTH CLINICS	02	01	02	01	02	01
FAMILY COUNSELING AGENCIES . .	02	01	02	01	02	01
PLANNED PARENTHOOD	02	01	02	01	02	01
WELFARE DEPARTMENT	02	01	02	01	02	01
DAY CARE OR CHILD CARE PROGRAM .	02	01	02	01	02	01
LOCAL HOSPITAL	02	01	02	01	02	01
RECREATIONAL PROGRAMS	02	01	02	01	02	01
LEGAL AID	02	01	02	01	02	01
HOUSING AUTHORITY	02	01	02	01	02	01
STATE EMPLOYMENT OFFICE	02	01	02	01	02	01
JOB TRAINING PROGRAMS	02	01	02	01	02	01

80. NOW LET'S TALK ABOUT SOME OF THE ACTIVITIES, ORGANIZATIONS AND CLUBS THAT MIGHT BE AVAILABLE TO YOU IN YOUR NEIGHBORHOOD.

DO YOU BELONG TO ANY SOCIAL CLUBS OR GROUPS, SUCH AS CARD CLUBS OR BOWLING LEAGUES etc?

yes 01
no . . . . . .02 *(Go to Q83)*

81. ABOUT HOW OFTEN DO YOU PARTICIPATE IN THESE SOCIAL ACTIVITIES?

not at all 01
once a month 02
more than once a month . . . 03

82. ARE YOU AN OFFICER OR DO YOU WORK ON ANY COMMITTEES IN THESE GROUPS?

yes 01
no 02

83. DO YOU BELONG TO OR ATTEND A CHURCH GROUP SUCH AS THE CHOIR OR CHURCH CLUB?

yes 01
no 02

84. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

85. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTEES?

yes 01
no 02

86. DO YOU BELONG TO ANY NEIGHBORHOOD ACTION GROUPS, SUCH AS, COMMUNITY ACTION PROGRAMS, BLOCK GROUPS OR PARENT COUNCILS?

yes 01
no . . . . . .02 *(Go to Q89)*

87. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

88. ARE YOU AN OFFICER OR DO YOU WORK ON ANY COMMITTEES?

yes 01
no 02

89. DO YOU BELONG TO OR ATTEND MEETINGS OF ANY POLITICAL ACTION GROUPS SUCH AS A POLITICAL PARTY OR CITIZENS COMMITTEE?

yes 01
no . . . . . .02 *(Go to Q92)*

90. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

91. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTEES?

yes 01
no 02

92. DO YOU BELONG TO OR ATTEND MEETINGS OF ANY OTHER GROUPS, SUCH AS JOB GROUPS, UNIONS, STUDY GROUPS, PTA'S?

yes 01
no . . . . . .02 *(Go to Q.95)*

93. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

94. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTIES IN THESE GROUPS?

yes 01
no 02

PART IX: Parent-child activities at home.

95. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE ACTIVITIES THAT YOUR CHILD DOES FROM DAY TO DAY. SOME OF THE QUESTIONS ARE ABOUT THINGS (S)HE PLAYS WITH, AND SOME ARE ABOUT THINGS THAT YOU DO TOGETHER.

A. HOW MANY CHILDREN'S BOOKS ARE IN YOUR HOME THAT YOUR CHILD CAN LOOK AT?

FIFTEEN OR MORE. 01
SEVERAL, BUT NOT FIFTEEN . . .02
THREE OR FEWER 03

B. HOW OFTEN WOULD YOU SAY SOMEONE READS STORIES TO YOUR CHILD?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

C. HOW OFTEN DO YOU AND YOUR CHILD TALK ABOUT THE PICTURES (S)HE MAKES, WHAT (S)HE DOES DURING THE DAY, HIS/HER FRIENDS, AND SO ON?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

D. HOW OFTEN DO YOU LET YOUR CHILD HELP YOU WHILE YOU ARE COOKING, CLEANING, WASHING DISHES, OR DOING OTHER TASKS?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

E. HOW OFTEN DO YOU JOIN IN THE PLAY ACTIVITIES WITH YOUR CHILD , SUCH AS PLAYING GAMES, DRAWING PICTURES, OR SINGING?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

96. I AM GOING TO READ A LIST OF HOUSEHOLD TASKS THAT CHILDREN SOMETIME HELP WITH. PLEASE TELL ME WHICH ONES _____ HAS HELPED YOU WITH IN THE LAST MONTH.
child's name

HAS _____ HELPED YOU. . . . . .IN THE LAST MONTH?
child's name

	Yes	No
CLEAN OR PEEL FOOD FOR A MEAL.	.01	02
MIX OR BAKE THINGS, LIKE COOKIES	.01	02
STIR THINGS WHILE THEY ARE COOKING, LIKE SOUP, PUDDING, ETC.	.01	02
FIND FOOD ON SHELVES AT THE GROCERY STORE FOR YOU. . .	.01	02
TAKE OFF THE DISHES AFTER A MEAL	.01	02
PUT CLEAN CLOTHES INTO THE RIGHT DRAWERS OR SHELVES.	.01	02

97. HOW MUCH TIME DOES YOUR CHILD SPEND WATCHING TELEVISION?

ABOUT 2 HOURS A DAY OR MORE. 01
EVERY DAY BUT LESS THAN TWO HOURS. 02
SEVERAL TIMES A WEEK OR LESS 03

98. DO YOU SUGGEST TO YOUR CHILD WHICH TV PROGRAMS HE/SHE SHOULD WATCH?

yes. 01
no 02

99. HOW OFTEN DO YOU TALK WITH YOUR CHILD ABOUT HIS/HER FEELINGS TOWARD THINGS SUCH AS HIS/HER FEARS, PEOPLE OR THINGS (S)HE ESPECIALLY DOESN'T LIKE.

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

100. I AM GOING TO READ A LIST OF THINGS THAT CHILDREN PLAY WITH. PLEASE TELL ME WHICH ONES YOUR CHILD HAS A CHANCE TO PLAY WITH AT HOME.

	Yes	No
CRAYONS AND PAPER.	.01	02
CHILDREN'S SCISSORS.	.01	02
SCOTCH TAPE, STAPLER OR PASTE.	.01	02
JIGSAW PUZZLES	.01	02
OLD PICTURE CATELOGS TO CUT UP LIKE SEARS, MONGOMERY WARDS.	.01	02
PAINT OR MAGIC MARKERS	.01	02
CLAY OR PLAY DOUGH	.01	02
PUT-TOGETHER TOYS LIKE TINKER TOYS	.01	02
HAMMER AND NAILS WITH SOME WOOD SCRAPS	.01	02
YARN, THREAD, AND CLOTH SCRAPS FOR KNITTING OR SEWING	.01	02
MAKE BELIEVE TOYS OUT OF MILK CARTONS, TINCANS OR EGG CARTONS.	.01	02
PLANTS OR HIS/HER OWN IN A POT OR GARDEN	.01	02

101. HOW OFTEN DO YOU PLAY "HOUSE", "STORE", "DOCTOR", OR OTHER MAKE BELIEVE GAMES WITH YOUR CHILD?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

PART X: Background variables

102. I'D LIKE TO FIND OUT A LITTLE ABOUT THE PEOPLE IN YOUR HOME. HOW MANY ADULTS ARE THERE ALTOGETHER LIVING IN YOUR HOME?

number of adults _____

103. DO ANY OF _____'S GRANDPARENTS, AUNTS OR UNCLES LIVE IN YOUR HOME?
child's name

yes. 01
no 02

104. ARE THERE ANY OTHER CHILDREN LIVING IN THE HOME UNDER THE AGE OF 18 BESIDES _____?
child's name

yes. 01
no . . . . . .02 *(Go to Q. 106)*

105. WHAT ARE THE AGES OF THESE CHILDREN? _____ _____ _____ _____ _____

106B. WHAT IS THE HIGHEST GRADE YOU (or THE CHILD'S MOTHER) COMPLETED IN SCHOOL? *(If respondent isn't mother)* DOES _____ MOTHER LIVE IN THE HOME?
child's name

grade school 1 2 3 4 5 6 7 8
high school 9 10 11 12
college 13 14 15 16
graduate school 17

yes. . . .01 *(Use mother in 106-111).*
no . . . .02 *(Use respondent in 106-111).*

(If 12 or greater Go to Q.107 otherwise go to Q. 108).

107. WHAT IS THE HIGHEST DEGREE YOU (or THE CHILD'S MOTHER) RECEIVED?

high school. 01
GED. 02
associate (two year college degree). 03
bachelor's (four year college) 04
master's 05
Ph.D.. 06
other *(Specify)*_____

108. ARE YOU (or CHILD'S MOTHER) ATTENDING ANY KIND OF CLASSES NOW, FOR EXAMPLE, ADULT EDUCATION OR TECHNICAL SCHOOL?

yes. 01
no 02

109. DO YOU (or CHILD'S MOTHER) CURRENTLY HAVE A PAYING JOB?

yes. 01
no . . . . . .02 *(Go to Q.112)*

110. IS THIS JOB FULL TIME, REGULAR PART TIME, OR OCCASIONAL PART TIME?

full time. 01
regular part time. 02
Occasional part time 03

(If a full time and part time job is reported in Q. 110, ask about the full time job in Q. 111).

111. WHAT KIND OF WORK DO YOU DO (or CHILD'S MOTHER)?

executives and proprietors of large concerns, major professionals e.g. doctors, lawyers, commissioned officers, athlete, etc. 01
managers and proprietors of medium sized businesses and lesser professionals, e.g. police chief, registered nurse, teacher 02
administrative personnel of large concerns, owners of small independent businesses, semi-professionals, e.g. clothing shop owner, IBM programmer, florist, accountant 03
clerical, technical assistant 04
skilled workers, e.g. baker, fireman, policeman, painter construction foreman, carpenter, electrician. 05
semi-skilled workers, e.g. truck or equipment operator, nurse's aide, practical nurse, hairdresser, housekeeper, enlisted military. .06
unskilled workers, e.g. laundry worker, farm hand, garbage collector, construction worker, waitress 07
welfare 08
retirement or pension pay 09
don't know. 98

112. DOES ANYONE (ELSE) IN YOUR HOUSEHOLD CURRENTLY RECEIVE AN INCOME THAT IS USED TO SUPPORT THE FAMILY?

yes. 01
no . . . . . .02 *(Go to Q.118)*

113. WHO ELSE HELPS TO SUPPORT THE FAMILY? *(If more than one person is given ask which one provides the main income to the family and circle his/her code).*

MOTHER, STEPMOTHER. 01
FATHER, STEPFATHER. 02
OLDER SISTER/BROTHER. 03
OTHER RELATIVE. 04
OTHER *(Specify)*_____

114. IS HER/HIS JOB FULL-TIME, PART-TIME REGULAR, OR OCCASIONAL PART TIME?

Full time. 01
Regular part time. 02
Occasional part time 03

(If a full time and part time job is reported in Q. 114, ask Q. 115 for the full time job).

115. WHAT KIND OF WORK DOES HE/SHE DO?

Executive and proprietors of large concerns, major professionals, e.g. doctors, lawyers, ocmmissioned officers, athlete, etc. 01
Managers and proprietors of medium-sized business and lesser professionals, e.g., police chief, registered nurse, teacher 02
Administrative personnel of large concerns, owners of small independent businesses, semi-professionals, e.g., clothing shop owner, IBM programmer, florist, accountant 03
Clerical, technical assistance. 04
Skilled workers, e.g., baker, fireman, policeman, painter construction foreman, carpenter, electrician. 05
Semi-skilled workers, e.g., truck or equipment operator, nurse's aide, practical nurse, hairdresser, housekeeper, enlisted military, etc 06
Unskilled workers, e.g., laundry worker, farm hand, garbage collector, construction, laborer, waitress 07
welfare 08
retirement, or pension pay. 09
don't know. 98

116. WHAT IS THE HIGHEST GRADE (S)HE COMPLETED IN SCHOOL? *(Circle # that applies).*

grade school	1	2	3	4	5	6	7	8
high school	9	10	11	12				
college	13	14	15	16				
graduate school	17+							

(If 12 of greater Go to Q. 117, otherwise go to Q.118).

117. WHAT IS THE HIGHEST DEGREE (S)HE RECEIVED?

GED. 01
high school. 02
associate's (two year college) 03
bachelor (four year college) 04
masters. 05
Ph.D.. 06
other *(Specify)*_____

118. WHAT IS THE MAIN LANGUAGE SPOKEN IN YOUR HOME?

English. 01
Spanish. 02
American Indian. 03
Oriental/Pacific Island. 04
other *(specify)*_____

119. PLEASE LOOK AT THIS CARD AND TELL ME WHICH LETTER REPRESENTS YOUR FAMILY'S INCOME, INCLUDING ALL SOURCES:

a. $ - $ 1,000. 01
b. $ 1,001 - $ 2,000. 02
c. $ 2,001 - $ 3,000. 03
d. $ 3,001 - $ 4,000. 04
e. $ 4,001 - $ 5,000. 05
f. $ 5,001 - $ 6,000. 06
g. $ 6,001 - $ 8,000. 07
h. $ 8,001 - $10,000. 08
i. more than $10,000. 09

ARE THERE OTHER THINGS YOU WOULD LIKE TO SAY ABOUT HEAD START (or PRESCHOOL EDUCATION?

THANK YOU VERY MUCH FOR ALL THE TIME YOU HAVE SPENT WITH ME. YOUR EFFORTS WILL HELP US ALOT.

PAY PARENT AND HAVE HIM/HER SIGN PAYMENT RECEIPT.

TIME FINISHED_____AM
PM

(Interviewer: Do not ask these questions, but mark them after the interview.)

Head Start parent. 01
BES parent 02
control parent 03

Ethnicity of Respondent

Hispanic. 01
black/negro, not of hispanic origin 02
white/caucasian, not of hispanic origin . .03
American Indian, or native Alaskan. 04
Asian/Pacific Islander. 05
other *(Specify)*_____

PROBLEM QUESTIONS

Question Number	Problem